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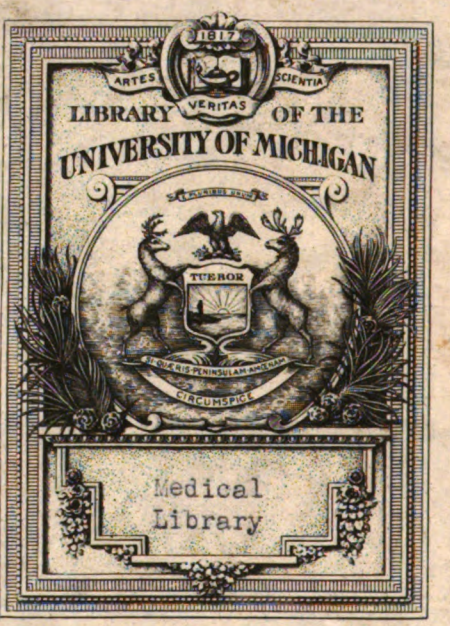

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We have many excellent features in store for the coming year, embodying ideas of great practical value to the family physician. As this is the season for renewals, we are receiving hundreds of letters containing appreciative expressions like the following:

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Farmers Branch, Tex.

We greatly appreciate these kind expressions, and shall strive more than ever to deserve them. We invite the hearty co-operation of each one of our readers, inviting practical ideas derived from their daily work.

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THE

Medical Council

A MONTHLY JOURNAL FOR THE PHYSICIAN AND SURGEON.

"WE FIND WISDOM AND STRENGTH IN COUNCIL."

J. J. TAYLOR, M. D., Editor and Publisher. | PHILADELPHIA, PA. | A. H. P. LEUF, M. D., Associate Editor.

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Essentials of Success in Obstetric Practice.

If the interests of the community are superior to that of the individual, and as the maintenance of the race depends upon reproduction, it is evident that children should be born into the world continually. It also follows that they should be born right, and that their mothers should suffer a minimum in bringing them into the world, all of which is merely preliminary to saying that the practice of obstetrics is one of the most important fields of labor, if not the most important, in which the doctor can be engaged. It behooves him, therefore, to thoroughly understand his business in this line of work more than in any other, for two individuals are always in interest, one full of unknown potentialities, the other with a valued place in the world. The physician's responsibility in these cases is not often realized, because the occurrence of childbirth is so very common. Just as we had occasion to say a few months ago about mother love, one of the grandest emotions, if not the grandest known in the world, to which few people ever pay any attention because it, too, is so very common.

Aside from understanding his business, the obstetrician should be deferential in manner, prompt and fearless in his work, and use good sense without stint in the exercise of his judgment. He should be master of the anatomy of the parturient canal, the passage-way of the mother through which the new comer finds his way to the outer world. He should be thoroughly familiar with the obstetric anatomy of this little voyager, by which we mean the body in bulk, as it presents a large and tight fitting mass, obliged to pass through a curved canal of changing dimensions, some of them bony and hence resisting, and others softer and yielding. He must bear in mind that this body is composed of two essential parts, the larger and firmer of which is the head, having different diameters, which it is his object to help nature in passing through this canal and extruding from its opening by way of the smallest. This makes its progress easier, quicker, and less painful to the mother. He should take into consideration that this globular head is hinged upon the body, and is usually acted upon indirectly, the uterus compressing the body and limbs of the child, thus forcing them down, and they, in turn, transmitting this impulse to the head. The essential problem in the mechanism of labor is to see that this globular mass of different diameters takes

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its passage through the canal in such a way as to engage in its narrowest dimensions. This simply involves assuring flexion of the head as it passes through the mother's pelvis until the occiput engages under the pubic arch, after which, extension must take place, the head turning upon the trunk as if on a hinge. The forehead, face, and chin sweeping successively over the perineal body, and thus causing the least possible distention of the vulva, because presenting its shortest possible diameters.

With these few cardinal points firmly fixed in his mind, the obstetrician should readily know just when and how to use the forceps to aid nature when she seems unable to help herself. Nor should this assistance be delayed after nature's helplessness becomes manifest. To do so is to delay a painful process at greater cost to the patient than if help is rendered her at once. There are times when nature is unable to cope with herself because she has done defective work in past years. For instance, in extreme deformities of the bony pelvis, or in the presence of tumors that will not permit the passage of the child. Or there may be present obstruction of more recent origin; for instance, a cancer of the cervix. Under these conditions, the child can not be delivered through the natural channel, but must be born otherwise, or it and its mother must pay the usual penalty of delay in such cases, which is death. No one presuming to practice obstetrics has the right to offer any excuse for failing to notice conditions of this kind immediately upon the first examination of the mother. Should he find and recognize any of these, it is his imperative duty to, at once, make the necessary preparations for a speedy delivery of the child and the relief of the mother by abdominal section. If he should require help that would be some time in arriving, his duty is to still the pains of labor by any means with which this can be done. For it is not only brutal to allow a woman to needlessly suffer torturing pain, but it weakens her, and to that extent jeopardizes her advantages of ultimate recovery.

We might say many more things of similar import and just as important, but deem this sufficient to indicate the only kind of man or woman, as the case may be, that should have the right to engage in this field of work. Some of these qualities, unfortunately, are natural to the individual, and can hardly be grafted upon him if nature has failed to instill it with the original germ of conception. To such we have simply to say, please leave these cases alone if you possibly can, unless you have competent help ready at hand.

How to Handle Children.

If the practice among women is delicate and difficult, it is hard to find words to adequately express what the practice among children is. If sympathy is required in the treatment of patients generally and of woman in particular, more is required in that of children, and we know of no better word to designate this greater requirement than that of love. A man who wants to practice medicine among children, should love them. So also should anyone who sets out to teach children. For in no other class of practice, with no other kind of patients, is it so necessary to be painstaking. Sympathy alone will not help us to maintain the proper attitude towards these little charges. They must be loved to be indulged as much as is necessary to win their confidence and their friendship, without which it often becomes difficult to do them much good. This work is

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needlessly and foolishly made more difficult than it is naturally, by the prevailing practice of threatening children with the doctor as though he were one of their greatest enemies instead of being one of their best friends. It is well to make it a practice to always pay children some pleasant attention, even if it is only a momentary one in passing. They appreciate it, and readily reciprocate it. The friendship of children is not only one of the strongest influences that helps the beginner to get into practice, but one that helps the older one to retain it. Mothers usually have more trouble than they can get along with in handling a sick child, without being obliged to put up with its additional troublesomeness because of the visitations of an objectionable doctor. They will discharge such an one with pleasure for one whom the child is glad to see, for it not only means less trouble to her at the time, but less afterwards because of the doctor's influence upon the child. It should not be difficult to love these little tots, because it seems really hard to do otherwise, and yet it is a regrettable fact that there is much less of this affection given them by physicians than we like to see. They are the hope of the future. The humblest child may grow up to be the greatest individual of the age in which it lives. Many are the instances in the past in which not only infants, but children of good growth and even youths, who at the time seemed nothing but most commonplace, eventually grew up to be the greatest among those of their times. To treat a child with indifference is like passing a closed pocketbook or a package without a second thought. The one may be empty and the other filled with trash, and yet both are capable of holding valuable treasures. A child is a human being, full of potentialities, and with limitless possibilities before it. While every child can not be such a prize, any child may be. But it is not on this account alone, by any means, that we deem it especially entitled to our affectionate consideration, for this, we think, it merits because of its helplessness and innate goodness.

Essentials of Success in Gynecologic Practice.

Elsewhere we have something to say upon the responsibility and qualifications of the obstetrician, where we fail, however, to mention the fact that he is the man who, through incompetence or neglect, makes lots of work for the gynecologist. Nature does much of this, because he lets her do it. Much is done by him because he interferes with her in her good work. And some they both do together. Just what the proportions are between these different factors, we do not pretend to say, and it is not necessary to know, but the fact remains that gynecology would be a much less important specialty than it is if obstetricians averaged as high a grade of efficiency as do gynecologists. But so long as woman has her special ills, whether due to bad obstetric practice or other causes, gynecologists will be necessary as they are now. While the work of the obstetrician always verges upon the emergency order, that of the gynecologist almost always admits of abundant deliberation. He, too, must thoroughly understand the anatomy of the female genital organs. Besides this, he should understand the peculiarities of her nature, and be in sympathy with them. He should never forget that she is not of the same sex as he, and that this makes their mutual relations all the more difficult because delicate. He must be

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much more tactful than the obstetrician, because, while the latter sees his patient in extreme suffering and excitement, she comes to the former in cold-blooded deliberation, though, withal, extremely nervous. Without a recognizable sympathy for her, which, however, should only be intangibly evident, felt by her rather than capable of being seen by anybody, he can never hope to secure her confidence sufficiently to obtain a free and frank statement of her entire condition, and how it affects her. Such men had much better give up this line of work, because, if not endowed by nature with this special sympathetic quality, they will never make the success that they might achieve in other fields. A physician and surgeon should always be genuinely sympathetic with his patients, but this is not so essential elsewhere as it is in gynecologic practice. Women are much more emotional than men. They have infinitely stronger intuitions, and they tell quickly whether they can lay the innermost workings of their emotional natures before him or not. The ideal gynecologist is a man whom the average woman is not afraid to trust with her person, with the profoundest secrets of her entire life, as well as with her physical welfare. He who cannot inspire her to do this promptly, has missed his avocation, and should change it. Success in gynecologic practice, and by success we mean the cure of our patients, depends upon a thorough knowledge of the intricacies of each patient's emotional nature and the effects produced upon it, not only by her own physical suffering and condition, but also by the many other extraneous influences that help to make up her symptom complex. Many a feminine back-ache and head-ache is not due so much to trouble within her pelvis as it is to irritation in her home life. A wretch of a husband, or a nagging mother-in-law, the secret worry of the hidden knowledge of a wrong acting brother, sister, or other relation or cherished friend, causes secret suffering, for the alleviation of which she drifts into the hands of the gynecologist, under the mistaken idea that they are all traceable to a simple leucorrhea, a slightly misplaced womb, a partly painful menstruation, or some other varying functions.

The routine gynecologist may fit her with pessaries, may stuff her with tampons, may fill her with drugs, and distress her with repeated enemata, but all without any other effect than the aggravation of her trouble. A man of genuine heartfelt sympathy, instinctively knows, with almost womanlike intuition, that there are other causes for his patient's symptom complex. A few questions, a hint or two, make the necessary opening; truth begins to trickle out drop by drop after he has punctured her shell of reserve; and this soon becomes a steady flow, which his respectful and deferential bearing and occasional word of reassurance soon encourage into a gushing flow, until she has finally poured out to him all her troubles. After this, his course is easy. If he cannot do much good for her, he can, at least, inform her as to the real cause of her troubles, and let her govern herself accordingly. But his influence goes for a great deal, and the chances are that he can be the means of modifying the cause of her trouble in the various ways open to the doctor and confidential adviser, thereby effecting a cure that the unsympathetic man would find hopelessly beyond his reach.

This constitutes, to a large degree, the ideal gynecologist as it also does the ideal physician. But the ordinary doctor does not have to be this way at all times, though the ideal gynecologist should never be otherwise.

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Purpura Rheumatica.

On page 7 of this number will be found an article upon the above subject by Dr. Frank W. Garber. We call attention to it thus prominently because of its importance.

While cases of this kind are not very common, they are very often overlooked. Some of them are very troublesome and last a long time, and quite often end fatally.

We recall a case of this kind treated by us some years ago. A woman in the early forties, of fleshy build, married, and the mother of one child almost grown, gradually sickened upon the eve of moving her household goods, with an ordinary attack of mild rheumatism, having about a forty-eight hour onset. There was no heart or other complications at the time, and she responded promptly to the usual treatment that had been successfully given to her, including the use of the salicylates.

After several days' use of this drug, she developed the characteristic hemorrhagic spots of purpura. She became progressively worse, with occasional intervals of improvement, and with successive crops of these spots, new ones appearing as the old ones dried up and began to fade. The prognosis was grave from the first appearance of these lesions, but her life was not in imminent danger until toward the end of the fourth week of their initial appearance, when she developed decided symptoms of heart failure, and proceeded steadily to a fatal termination within one-half a week, despite every effort made to prevent it. For a time there were some heart murmurs, but they were probably functional, as she had been subject to previous attacks of rheumatism that always promptly responded to the treatment that was instituted at the beginning of her last illness.

We mention this case simply to show that purpura hemorrhagica does not always end as fortunately as the cases reported in this issue. It is one of the worst adynamic signs that we can encounter in either acute or chronic disease. It indicates a loss of stamina, of recuperative power, of nerve and vascular tone, that it is difficult to overcome, and that is often the percursor of death. Immediately upon its appearance in all serious diseases, it is the duty of the physician to notify the proper individual of the decided gravity of the condition, and the possible, if not probable fatal, outcome of the illness.

Concave or Saddle Nose.

In our November 1901 issue, we published an abstract by Dr. J. F. Lynch on the cure of saddle nose by subcutaneous injections of paraffin. In an article upon this subject in *American Medicine*, Dr. E. J. Senn, of Chicago, describes an operative treatment for the same condition that is better insofar as it will do in cases not suitable for paraffin injection, and in that it gives a good firm bridge. The method consists in splitting the skin over the top of the nose in the median line, stripping it back so as to expose the nasal bones on each side where they join the nasal process of the upper jaw; at which point they are fractured with a narrow chisel, care being taken not to injure the mucus membrane lining the nose; after which, each fragment is elevated from within, one side at a time, and the elevated mass subsequently supported by the transfixion needle. This has run over it at each end a few layers of gauze, or other soft material, and over this a disc of cork, lead or other suitable substance to compress the nose laterally to proper proportions, and maintain it in

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this condition by means of wire. In place of this wire, we would suggest a proper sized rubber band as was first suggested by Dr. Lewis D. Mason, of Brooklyn, more than twenty years ago in his then original treatment of exactly this kind of fracture of the nose, an account of which was published in the Annals of the Anatomical and Surgical Association of Brooklyn for the year 1880, on page 107. Dr. Senn also adds to the comfort of the patient by passing a suitable sized rubber tube in each nostril to facilitate breathing, and holds them in place by means of adjacent strips fastened to the cheeks. We do not deem it necessary to give further details about this procedure, because the parts are readily accessible, simple in their anatomy, and the entire operation easy of performance.

Post-Graduate Courses in The Medical Council.

A year ago we referred to our past work and epitomized that which we proposed to do during the ensuing year. While it is needless to do this for the benefit of out present readers, it may be well to briefly go over this ground again, and give some idea of what we aim to do during the next twelve months. Briefly stated, the past work of THE MEDICAL COUNCIL has been the giving to its readers a series of post-graduate courses in special lines of medical work, with the object of encouraging general practitioners to do that part of special work coming to them, that they should certainly be abundantly able to do, without much additional instruction than they have already received. We were the pioneers in this undertaking, and have received the telling compliment of being imitated by other periodicals. We can truthfully say that we have been the means of encouraging hundreds of general practitioners, within the past half-dozen years, to treat a large proportion of their "special" cases which they would, otherwise, have sent to different kinds of specialists, or, failing in this, must have neglected. Simply because we have covered the major portion of the field, we do not propose to stop, but we shall continue right on along these lines, though in an improved manner, as befits our experience resulting from past successful endeavor.

Many hundreds of physicians have entered the profession since we began our post-graduate series; there are many who have not yet become regular subscribers, and advances have been made in the various departments of medicine, and are continually being made, which make it imperative to repeat our systematic courses of instruction, at least, in certain departments of practice. Other departments have not yet been covered, and there is no more reason why we should stop, when once we have covered the ground, than there is for any other successful educater to cease his efforts after a single course. We will, therefore, go right on, fully determined to do even better work than we have already done, and invite all those who read this to connect themselves with us for the ensuing year, for the many benefits to be derived from such an association.

Some of the continued series in this issue will give an idea of the work we are going to do this year, and which will run concurrently with, as well as be succeeded by, others of a like kind, but upon different subjects. We can truthfully say that there is no other medical journal that aims, and does succeed, in giving as many practical money-making pointers to the general practitioner as do we.

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Original Articles.

The following articles have been written exclusively to the editor and readers of this journal. Other journals republishing any of these articles will, as a matter of professional courtesy, kindly give credit as follows :—*Medical Council*, Philadelphia.

Purpura.

With report of two cases of so-called Purpura Rheumatica.

FRANK W. GARBER. M. D.
Muskegon, Mich.

The pathology of purpura is, as yet, so obscure that a systematic study into its cause or causes seems desirable. During the past year a number of cases came under my care within so short a period as to suggest a common cause, and to raise the question as to the existence of some specific, infectious origin. Out of several cases I select two as being fairly typic of that form of purpura commonly known as purpura rheumatica. I greatly question the correctness of the implied rheumatic origin as indicated by the name. To my mind the joint pain is an incident in the development of the disease.

The first case was that of a woman of forty-six, a widow, whose conditions of life were such as to make existence a constant struggle and to produce a state of continued mental distress. She was anemic and undernourished. There is a history of pre-existing rheumatic pains. She has been ordinarily well. Both parents were healthy except that the father was subject to rheumatism. One sister died of consumption. Two sisters and two brothers are still living and well, though all are of a neurotic disposition. The patient has never had hives or any skin disease as she remembers it. For a few years past there has been some swelling of the feet in summer.

About February 1st she had a severe chill, but she does not think there was any fever. There was marked nausea and headache continuing a week, the pain being so hard as to prevent sleep. Later there was pain in the hips, and it was noticed that the legs and ankles began to swell and grow "stiff" as she described it. The swelling was most marked in the left leg and ankle. The metacarpophalangeal joints of the first and second fingers of the left hand were swollen and painful. With the edema and swelling of the legs appeared spots, which, at first, had the appearance of bites of insects. These were somewhat raised above the surface, seemed a little hard to the touch, but not particularly painful. Gradually the color deepened until they took on the dark purple color so characteristic of purpura. These spots were quite symmetrically disposed, reached both knees and encircled the legs. A few spots appeared above the knees. At my first examination, on February 16th, the purpuric condition was most marked. There was considerable pain on pressure over quite wide areas of the legs, and a marked hardness over the internal saphenous vein and its branches on the left, suggesting the presence of a phlebitis. A few of the spots have shown a tendency to become bullate. There has been nose bleed, which is unusual for the patient. The appetite is normal. Sleep is no longer disturbed. She is drowsy in the day. There is constipation. An examination of the urine shows no abnormalities. She has no organic heart trouble. There are no purpuric spots in the mouth, and the gums are not swollen. The joint trouble in the hand had largely disappeared by March 1st, and there was much improvement in the condition of the right leg. At this time there was still marked edema and tenderness of the left leg, and the purpuric spots persisted.

The second case came under my notice March 6, 1901. The patient was a young woman of nineteen, well nourished, and presenting the appearance of one ordinarily healthy. She is unmarried and a student. As a child she was sickly until twelve years of age. During that period she had inflammatory rheumatism, which was followed by chorea. These troubles were not complicated by any heart lesions. For the past seven years, and until within the past twelve months, she has been very well. Her parents are both living and healthy. The patient has lived an active outdoor life. About a year ago

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some "swellings" or "lumps," as she calls them, appeared over different parts of the body, which were probably of the nature of erythema multiformæ. Three months ago she had what was diagnosed as "hives." These lasted three or four weeks, and disappeared. There was no joint trouble at that time. The present trouble came on about March 1st, appearing on the upper extremities as limited swellings, scattered and unsymmetric. These would have a whitish appearance at first, were hard and slightly painful. There was considerable itching and burning over the site of the eruptions. Later they would grow red, and finally disappear, though the cycle of the individual eruption would not be as brief as that of an urticarial wheal. On March 3d there was a marked chill. At the date of the first examination, March 6th, there was a temperature of 102°. The pulse was 96. There was headache. The tongue was lightly coated, pointed and red with somewhat prominent papillæ. The throat was not sore. There was no nausea, no vomiting, no pain in the stomach or bowels. Action of the bowels was normal. The eyes look somewhat swollen, and the patient says the face has been unsymmetrically edematous mornings. There were two small areas on the left hand which resembled the lesions of erythema exudativa. On the right arm were several purpuric spots which were the seat of exudations similar to those on the left hand. Above the right knee, and extending well up on the thigh and over wholly half its circumference, was an irregularly circular, unelevated, purpuric patch which had appeared within a few hours of the examination, coming on very rapidly. Below the knee were numerous purpuric spots. The knee was swollen, hot and painful. The left leg showed many petechial and purplish spots, and the ankle was swollen, though not painful. The urine was of a high specific gravity (1030), loaded with urates, but free from sugar and albumen. The constitutional symptoms were not marked, and the patient was well enough to walk from her home to my office, a distance of more than a mile.

We have in these two cases somewhat differing types of the same form of purpura. The first case would seem more nearly to resemble a dyscrasia, such as presents itself in scorbutus or numerous other pathologic conditions in which there has been a deterioration in the quality and composition of the blood. One is impressed with the idea that the long pre-existing anemia, the constitutional tendencies to tubercular and rheumatic diseases, and the probable lack of such food as is best suited for these cases, may have been a determining factor in the production of purpura. The second case presents some of the characteristics of an acute infectious disease, and illustrates the close resemblance between purpura and erythema multiforma, urticaria and angio-neurotic edema. One is further impressed by a study of these cases that, in purpura we are dealing with manifestations of disease the causes of which are various. It hardly seems probable that in simple purpura we are confronted by a milder degree of such serious and often fatal conditions as we have in Henoch's purpura or in purpura hemorrhagica, and it is not altogether unlikely that *purpura simplex* is always secondary. As a secondary manifestation, we may have purpuric spots and patches in pernicious anemia, leukemia, prolonged suppuration, sepis, the various exathemata, as smallpox and measles, in various nervous diseases, as meningites and locomotor ataxia, and in hysteria. It may accompany tuberculosis, and has been found as a complication of pregnancy, in which it is a grave manifestation. It is always a complication of scorbutus. Cases have been recorded as following the ingestion of sodium salicylate.

The primary exhibitions of purpura have many of the indications of acute infection, and attempts have been made to show its bacterial origin. Litzerich isolated a bacillus, a culture of which it is claimed produced the disease in rabbits, and the transmission of purpura from mother to fetus would argue in favor of a specific origin. Again those cases appearing in children with sudden onset, fever, vomiting, colic, diarrhea, bloody stools,

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tenesmus, hematuria and painful, swollen joints impress one profoundly with the idea that we are dealing with a toxic element, either of bacterial origin or the resultant of an imperfect conversion of the proteid food elements into peptones during the process of digestion. With the well known tendency of children to digestive disturbances, it is not unlikely that one of the poisonous albumoses may be formed under conditions of faulty digestion.

The poisons of the cobra and other venomous snakes are albumoses, and their injection is followed by rapid blood extravasations. Rapid necrotic changes are induced. There is edema, swelling attended with darkening of the parts by infiltration of incoagulable blood, breaking down of the tissues, putrefaction and sloughing. The blood is rendered incoagulable. There is produced such a change in the capillary blood vessels that their walls are unable to resist the normal blood pressure, thus allowing the blood corpuscles to escape into the tissues.

The analogy between the conditions here described and those found in purpura, and particularly that type of the malady knows as *purpura hemorrhagica*, is a close one. Ordinarily the venom of poisonous snakes, when not met by an antidote, is speedily fatal, while the fatal issue in purpura is deferred. Purpura hemorrhagica may, however, kill in a few hours. Usually there is a period of malaise preceding the onset of the disease, which may be announced by a chill and a rise of temperature. Extravasations of the blood appear more likely upon the lower extremities first. The mucous surfaces show hemorrhagic spots. These may come up rapidly, so rapidly as to attain large size in a few minutes. Severe, and often uncontrollable, nose bleed appears. There are hemorrhages from the stomach and bowels. The subcutaneous tissues become edematous. The patient grows anemic. There is albumen in the urine, with hematuria. The heart becomes more rapid in its action. Coma may close the scene. This is the course of the fulminating type of the disease, and the one in which the analogy to the action of snake venom is most striking. In the non-fatal type of the disease, the symptoms are milder, and are usually amenable to treatment, or death comes after a more protracted course.

159 Jefferson Street.

Dietary Changes in Infants and Children.

By W. L. JOHNSON, M. D.
St. Louis.

There are cases, both in health and disease, in infants and children, which require careful study and considerable experimenting before we can find the food which will agree, that is, be digested and assimilated.

It is our experience that the infants who, from the very beginning, are fed upon modified cows' milk, or even some of the proprietary preparations, do better than those who nurse for a short period, a few weeks or months, and then are the subjects of a change. The stomach of the new-born seems better able to learn to digest the casein of cows' milk when very young than to adapt itself to it later, after having had the casein of mother's milk.

In those a few days old, who are not able to digest the casein of cow's milk, we have recourse to the soluble albuminoids of whey. The fat must then be derived from cream. Thus supposing we want fat 2 per cent., protieds 1.20 per cent., sugar 7 per cent. We may take 16 per cent. cream, which is the upper 7 ounces of a quart of milk (in bottle) that has stood for 4 to 6 hours. It is also the ordinary gravity cream sold by most dairies.

	8) F. 16	P. 3.60	S 4.
Cream 1 part . . .	2	.45	.50
Whey 7 " . . .	½ F. —	P. .86	4.80
		(.11)	(.60)
		.75	4.20
Total 8 " . . .	F. 2%	1.20%	4.70%
Add sugar			2.30%
			7.00

Or add approximately 10 grains to the ounce.

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In this there is some casein, but in such quantity and dilution as to be more digestible. Remember, however, that this .45 proteids is not altogether casein, but one-fourth (.11) is lactalbumin, leaving 34 per cent. casein for digestion. By peptonizing (partially) the cream, even this may be rendered easily digestible.

In many instances, whey alone may be used for a considerable time.

By raising the temperature of whey to the boiling point, we destroy the further action of the ferment, hence, when this is done, there will be no curds when mixed with cream.

Whey is a good food for infants and children when they are suffering from febrile disturbances. In fact, it is utterly useless and grossly harmful, at times, to give milk or any of its modifications unaltered in severe fevers. The little patients cannot digest it. Here is a field for whey or peptonized milk. The latter should not be given, however, in the presence of a gastro-enteric infection, especially when peptonization has been prolonged.

Time, nor the subject, will not permit a detail of changes for every variety of cases, but there are those who, by reason of malnutrition from disease or bad feeding, cases of almost hopeless marasmus, rickets, etc., that may be rescued, either by a wet nurse or what, strange to say, may do better, that is, the predigestion or partial predigestion of milk, modified of course.

A case in point: Baby P., 5 months old, was brought to Dr. S., September 12, 1901, a typic marasmic, having been fed on several of the proprietary foods. She was covered with boils, and one really an abscess, about the insertion of the deltoid, and had several pockets of pus.

Chloroform was given, and this incised and curetted. The baby was given *Walker-Gordon* milk, upon which she did well for 24 hours, then vomited, had severe colic, although the proteids were low, had exhausting cold sweats, collapsed frequently, and was apparently hopeless. A wet nurse was gotten, and since the infant had not strength to nurse, the milk was withdrawn and fed the infant by the spoon. This did not solve the problem. There seemed to be complete apepsia. We then peptonized cow's milk one-half and water one-half for ten minutes. This did not suffice. Thirty minutes would not do, nor would forty, and it was only when peptonized fifty minutes that the infant ceased having colic, and the the stools looked any thing like normal and "digested."

The peptonization was, after a time, very gradually decreased until thirty minutes was reached, where it was when last seen.

This was a "hopeless" case saved by a change made through experimenting, not blindly, but after studying the symptoms and the stools.

The arm healed, the boils assisted by antiseptic soap baths, disappeared.

Sometimes predigested beef preparations are useful, as is shown by the following case: Baby F., 3 months old; had acute ventricular meningitis; was unable to retain whey or anything but a small quantity of a well known peptone preparation well diluted and frequently repeated.

Egg water, rice water, barley water—all have their mission. Olive oil, cod liver oil or cocoa butter inunctions are frequently the only means of introducing fats.

In older infants, or better say children, sometimes after acute illness, it is hard to find a food that will tempt their appetites. Sometimes they will not touch milk. Probably it has been their diet, and it will be an opportune time to introduce a change.

Here beef juice or a little broth may be given alone, in milk, or in conjunction with milk, and what has been of service to us on several occasions, a tender squab steamed.

A small cup of junket or cocoa junket, both having sugar added, and the former probably seasoned with a little cinnamon, is nourishing and capable of tiding a child over a few days.

In cases of marked acidity from cow's milk, it is well, temporarily, to add one of the proprietary starchy foods, or give

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it alone for a time. Even the substitution of cane sugar for milk sugar is occasionally helpful in this respect, but the quantity should be but one-half that of milk sugar.

There are cases where condensed milk as a last resort solves the problem if an ugly case.

And last of all there are babies that defy all modifications, and yet take pure cow's milk without any apparent trouble.

Infants suffering from constipation are frequently getting too little fat, and this should be remedied by increasing the fat. If constipation not from this nor too little proteids, an occasional feeding of sugar water, oatmeal water, or even plain water plentifully will bring about the desired results.

Infants not gaining in weight, must be given more proteids, even if their digestion has to be assisted temporarily.

In older infants beef juice may be added, say as early as nine or ten months. Infants threatened with, or the subjects of, rickets, must be given the right food, usually changed from a patent food to more scientific feeding, and, in addition, when old enough, fed on orange and other fruit juices, even given phosphates medicinally.

Those whose diapers show uric acid stain, should get an abundance of water and exercise, and have their diet regulated.

In older babies the giving of prune pulp, baked apple, oatmeal gruel, will obviate constipation. The rickety can now be fed potatoes, greens, and other selected vegetables, all mashed. Cooked, and even ripe raw fruit, as peaches and pears, are permissible.

A study should be made of each one's digestive capacity. Some children thoroughly digest sweet potatoes, while others pass them unaltered.

We have seen a boy three years old, who could eat six large bananas, and not have a bad symptom, while another child could not eat one without some disturbance, yet the former could not digest a wheat food, while the latter could partake of it abundantly and digest it.

There are cases of breast-fed infants which we are at a loss to know whether to permit continuing at the breast or not. These are generally cases of colic, and *severe colic* at that. In rare cases, a certain vegetable or fish taken by the mother must be interdicted on account of the vomiting, purging, or colicky symptoms supervening in the babe. Returning menses now and then necessitates withdrawal from the breast for a day or two at least, sometimes permanently. Pregnancy more frequently demands the absolute withdrawal.

In some cases the mother cannot supply sufficient nourishment, and here an auxiliary feeding is better than weaning and resorting to modified milk alone.

Rotch gives the following general principles for guidance in managing a disturbed lactation:

To increase *total quantity.*

Increase proportionately the amount of liquids in the mother's diet, and encourage her to believe she will succeed.

To decrease *total quantity.*

Decrease, proportionately, liquids.

To increase *total solids.*

Shorten nursing intervals, decrease exercise, decrease, proportionately, liquid in mother's diet.

To decrease *total solids.*

Prolong nursing intervals, increase exercise, increase, proportionately, liquids in mother's diet.

To increase *fat.*

Increase proportion of meat.

To decrease *fat.*

Decrease, proportionately, the meat.

To increase *proteids.*

Decrease exercise.

To decrease *proteids.*

Increase exercise up to the limit of fatigue.

In some cases, Dr. Z. has found benefit from giving a little cereal water or one of the starchy foods just before an infant subject to severe colic nurses the mother. We have never had occasion to try it. In these cases we give a little pepsin after each nursing, and, while this is not considered rational and scientific by some, it has proven practical.

2241 S. Grand Street.

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Lobar Pneumonia.

By M. V. LEOF, M. D.
Philadelphia.

Lobar pneumonia is an acute infectious disease caused by the micrococcus lacelatus, producing inflammation of the lungs, with great constitutional disturbances, such as chill, high temperature, etc., and terminates by crisis.

Etiology.

We owe to Frankel the discovery of the micrococcus lacelatus. It is lance-shaped, always present in pairs, and can be detected thus: Take a coverslip preparation of the sputum treated with glacial acetic acid, then wash off the acid, and drop on anilin oil with gentian-violet, which is to be poured off and renewed several times.

The bacillus of Friedlender may also cause the same disease.

Predisposing Causes.

Age.—The very young and the very old are most prone to this disease.

Season.—It is more prevalent during winter, the so-called "catching cold" being one of the greatest factors in contracting pneumonia.

Alcoholism and unhygienic surroundings are also often responsible for pneumonia.

Diagnosis.

Usually the onset is sudden, consisting in a severe rigor for about half an hour, chill, followed by a temperature of 103, 104, or more in a few hours; skin harsh and dry; face flushed; and the cheek on the affected side often shows a deep red spot.

Pain on the affected side, especially on deep inspirations.

Cough, at first dry and painful, later is attended with expectoration which is *rusty* or blood stained; labored breathing; alæ nasi dilated, particularly during inspiration.

Fever of continuous type, high, 104-105, lasting from 5 to 10 days, and terminates by crisis.

Pulse is quickened, but the pulse respiration ratio is not maintained, which may be 1 to 2 or 1 to 1.5.

Herpes are often present.

Physical Signs.

But of greatest importance in the diagnosis of this disease are the physical signs.

Lobar pneumonia divides itself into three stages, namely: First, the stage of congestion; second, the stage of consolidation; third, the stage of gray hepatization; and the signs vary accordingly.

First Stage, of Congestion.

Iuspection.—The movements of the affected side are defective, respiration diminished.

Percussion note is often higher pitched or tympanitic.

Auscultation.—Respiratory sound may be weak or broncho-vesicular on deep inspiration; subcrepitant rales are often heard.

Second Stage, of Consolidation.

Inspection.—Little or no expansion over the affected side; increased on non-affected side.

Palpation.—Vocal fremitus increased.

Percussion.—Dullness; increased resistance to the finger.

Auscultation.—Bronchial breathing; bronchophony; and crepitant rales at the end of respiration is characteristic.

Third Stage, of Gray Hepatization.

Resolution begins, and the physical signs are much like those of the first stage.

Main Symptoms.

The main symptoms upon which a diagnosis can be based are:

1. *Cough*, which is short and frequent; dry at first, and later accompanied by rusty sputum. The sputum at first is minced and frothy, but soon becomes rusty, and is very viscid and tenacious, and is ejected with difficulty. At the time of the crisis, it often becomes purulent.

2. *Pain* develops soon after the chill, and its chief place is at the axilla or below the nipple; it is stabbing in char-

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acter, and is usually aggravated by cough or by deep inspiration.

3. *Respiration* is greatly increased. There may be dyspnea, often "grunting" in character.

4. *Fever.*—The temperature usually reaches 104-105, and is of continuous type, with slight remissions until the crisis is reached.

5. *Pulse.*—The average pulse rate is 100-110. When it exceeds 120, there is cause for alarm. At first, the pulse is small, then full and bounding.

6. *Cerebral Symptoms.*—Headache is great. There often is delirium. (I have seen a case in which there was great delirium for nearly ten days after the temperature was normal.) Delirium is particularly frequent in drunkards.

Herpes are present in about one-third of the cases.

Prognosis.

The prognosis of pneumonia depends upon the age of the patient, upon the severity of the type, upon the presence or absence of complications. The mortality ranges between 15 and 25 per cent.

Treatment.

Since we have no specific for pneumonia, and since it is a self-limited disease, I believe that they will get the best results who keep to the following principles: Good hygiene, careful feeding, and fight the symptoms as they come along. The room should be well aired, the temperature be uniform, between 65 and 70, a trained nurse should always be with the patient, the diet should be liquid and nutritions, milk, meat broths, meat juice, egg white, etc.

The medical treatment depends largely upon which symptoms predominate. It is the heart, I think, that requires especial watchfulness. As soon as we notice a slight cardiac failure, give strychnine, and give it vigorously. I am sure that I have saved one life by giving a patient 1-20 grain of strychnine hypodermically every two hours for 48 hours. Digitalis, ether, alcohol are also recommended, but I believe that strychnine is the drug.

Cyanosis calls for respiratory stimulants, oxygen inhalation, atropin, and, again, strychnine.

Excessive high temperature calls for hydrotherapy, cool sponging, ice caps, wet pack, but no antipyretics should be given.

Local measures may be tried with benefit, at the outset of the disease, in robust patients. Dry cupping may relieve pain. A cotton jacket has also some value.

Creosote in minim doses is spoken of with great favor in the treatment of pneumonia. Unfortunately I have never tried it. I hope that it does justify its claims. In my next case I shall give it a thorough trial.

495 N. Fourth Street.

Conjunctivitis Neonatorum.

By T. W. MOORE, M. D.
Huntington, W. Va.

The fact that conjunctivitis neonatorum comes within the province of the obstetrician or midwife—and that so eminent an authority as Swan M. Burnett makes the radical statement that "This is one of the diseases for which it can be claimed that absolute prevention is possible, and with proper precautions there need never be another case of destructive ophthalmia neonatorum," must be my excuse for presenting this subject.

The disease is due, in most cases, to the gonococcus of Weisser, but not always, for in several virulent cases, careful examination has failed to reveal this organism, and in a number of the milder cases the pneumococcus has been found, whilst a purulent ophthalmia has been produced by strepto—and staphylococci.

The almost constant source of infection is the vagina of the mother during the passage of the head, although the possibility of infection after birth exists.

Usually, on the third day after birth, but the period may vary from twelve hours to five days, the conjunctiva becomes reddened, with slight discharge in the corner of the eyes, rapidly followed by intense swelling of the lids, which

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become dusky red, the upper overhanging the lower, and difficult to evert. The conjunctiva is greatly congested and chemotic. The discharge is now creamy, or sometimes greenish pus, and profuse. De Schweinitz's description of the pathologic condition is as follows:

"If the lids are everted during the first day or two of the disease, the conjunctiva will be found to be swollen, red and velvety, and that upon the eyeball intensely injected; upon the surface, easily detached flakes of lymph are found; later the conjunctiva becomes rough and of a dark red color, spots of ecchymosis appear, or it is succulent and bleeds easily. Marked chemosis and infiltration of the ocular conjunctiva succeed, forming a hard rim; at the bottom of the crater-like pit, thus produced, the cornea may be seen. The thick cream-like discharge increases, and either flows out from beneath the overhanging upper lid on to the cheek or is packed up in the conjunctival cul de sac.

The lids now may lose much of their tense character, and can be more easily everted; the conjunctiva is puckered into folds and papilla-like elevations, and the discharge contains an admixture of blood and serum."

Gradually the disease declines, and, in from six to eight weeks, the discharge ceases, leaving the conjunctiva rough and granular. The cornea may become involved at any time, but it is usually during the second week that it ulcerates, if it does so at all. The prognosis is almost always good if the case is seen early and properly treated. Few diseases depend so much upon these points, and I hope the facts will be impressed upon every mind, that a disease which is responsible for fully one-fourth of the blindness of the civilized world, is almost always amenable to proper treatment, and that these poor unfortunates, becoming blind, as they do, at the very beginning of life, are in the vast majority of cases left helpless charges on society until they die.

Prevention.

Fuchs thinks, that, as nearly every pregnant woman has a vaginal catarrh, which in the majority of cases is benign, but as the distinction in individual cases between benign and virulent catarrh is well nigh impossible, the vagina should be thoroughly flushed with some antiseptic solution just before parturition. As soon as the child is born, the lids, while still closed, should be carefully wiped off with a clean piece of cloth or, better, absorbent cotton. The child's eyes should not be washed when it is first bathed, but after the body bath, with clean water and clean cotton used for this purpose alone. This, it is the duty of every accoucheur to see carried out, and in all suspected cases the fulfillment of Credé's method, which consists in dropping into each eye a drop of 2 per cent. nitrate of silver solution. I wish to caution you here, that the nitrate of silver solution, as too often prepared, unless very fresh, has all the silver at the bottom of the bottle in the form of an insoluble black precipitate. This is frequently due to the distilled water having become contaminated while in the pharmacies.

Credé reduced the number of cases from over 10 per cent to between one and two per cent. at the Lying in Asylum of Leipsic, and results almost as good have followed the adoption of his method at Stockholm and elsewhere.

But our duties do not cease here, for we have one equally as important in the capacity of an educator, and that is in making those who have the care of the infant realize the great importance of calling the attention of the physician at once, to any redness that may develop in the baby's eyes. The States that have made this requirement a legal one, and make failure to comply with it punishable by fine and imprisonment, can reach those who are too careless or ignorant to appreciate their responsibilities. If this were done everywhere those extremely sad cases that doctors often report with "I saw a case, but the eyes were lost before they called me," would cease to exist. When the disease once developes, there is little to be done except the application of cold, the efficacy of which, in infants, I very much question, until the discharge becomes purulent. Then our

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most careful attention is demanded. The cases are rarely seen before this.

Treatment.

Now the lids should be pulled apart, and the pus allowed to run out and be wiped away with clean absorbent cotton, every twenty minutes in severe cases, less frequently in the milder ones, for the first few days and nights, until the pyorrhea diminishes. Then the eyes should be flushed with a saturated solution of boric acid, best applied with the pipette, care being exercised not to allow the point to come in contact with the cornea. After this, I always have introduced within the lids, with a glass rod, a small amount of an ointment of 1-10 grain of bichloride of mercury incorporated with five drams of vaseline. This should be carried out by the nurse, who should be one thoroughly trained. Twice daily the physicicn should see the patient, and, after thoroughly removing the pus, should apply a 2 per cent. solution of nitrate of silver to the conjunctiva of the everted lids, or, if it is impossible to turn the lids ; one drop should be dropped into each eye.

When cold is being used, and the cornea becomes hazy, it should be stopped. Cold is best applied by placing ten or twelve small pieces of lint or lintine, about two inches square, on a cake of ice, one pad to be placed on the eye every two minutes, that is, often enough to keep it cool.

In case the cornea ulcerates, atropine should be instilled in solution of two grains to the ounce of water ; if central or if peripheral, alternating with a solution of eserine, ¼ grain to the ounce, being highly recommended.

The importance of cautioning the nurse and all who may come in contact with the patient, of the great danger of infection in this disease, and the necessity for destroying all materials used in cleansing, and of sterilizing all appliances and the hands after handling the patient, I am sure can be gainsaid by no one. Other children should positively be excluded from the room.

1048 Third Avenue.

Pointers on the Male Urethra.

By LESTER KELLER, M. D.
Ironton, O.

Probably no field that must be occasionally invaded by the general practitioner is so illy understood or so much abused as the male urethra.

I will not attempt to cover the field of urethral surgery, but give a few pointers for use when sounding or catheterizing a patient.

Always cleanse the glans and fore skin well before commencing work. If you have time to prepare your patient, always give four or five doses of oil of gaultheria, five or six drops every three hours before commencing. It sterilizes the urine as nothing else will that I have tried, not excepting salol or urotopin.

Be sure your instrument is sterile. If metal, boil it well. If rubber or linen, soak in a solution of bichloride (1 to 500), and, before using, rinse well in sterile water.

If possible, have the patient lie on his back on a hard surface like a table, with his knees flexed. Take a small hard rubber male syringe, and inject a dram of a two per cent. solution of cocaine, holding the end of the penis in the grasp of the fingers of one hand, while distributing the solution by stretching the urethra and passing the other fingers down the under side of the penis. This motion, repeated a few times, will send it down into the deep parts. After two minutes, the anesthesia is sufficient for the purpose of passing the sound or catheter.

Lubricate your sound or catheter with a bland lubricant. I prefer a jelly made from acacia and glycerine. Glycerine will do. Oil and vaseline are disagreeably sticky, but will answer.

Stand on your patient's left, grasp the penis firmly with left fingers, holding the catheter in your right hand. Pass the instrument slowly and gently. Use no force sufficient to injure the mucus membrane, and remember that it does not take much.

A good sized instrument will not catch in the mucus membrane as badly as a small one. This is the place in which

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"oil and patience will accomplish wonders." If you are using a metal instrument, keep the point well to the anterior wall of the uretrha. Sometimes the finger introduced into the rectum will help pass the point into the bladder. If you have a stricture, a Banks' dilating bougie is a most valuable aid. If you have a tight stricture with retention, a filiform guide and a tunnel catheter are almost indispensable. In using the guide, be sure that it passes through the stricture, and does not double upon itself. If the latter occur, and you attempt to pass the tunnel instruments, you will probably have a hurried external urethrotomy to do as I once had.

If any of you have any doubts about the use of cocaine, try the introduction on yourself with and without.

If you do not appreciate the need of sterilizing your instrument, watch some patient with his chill of infection after the introduction of a dirty one. Don't try this on yourself; it's not safe.

Disorders of the Sexual Function in Man.—Syphilis.

By A. H. P. LEUF, M. D.
Philadelphia.

[FOURTEENTH PAPER.]

Syphilis.

Of all the diseases with which human beings may become afflicted, there is none so far reaching in its effects as syphilis, nor is there any other that is so much the result of carelessness, improper conduct, and a disregard for the higher conventionalities of life. There is none so far reaching in its effects as regards transmission to future generations. In fact, it has left its impress upon entire nations who have been universally subject to it in past epochs of their history. The Japanese, for instance, having become so accustomed to this disease from having long been accustomed to its ravages, that they are now relatively immune from its virus. Some of the most virulent attacks of syphilis have been contracted from Japanese afflicted with it to so mild an extent that it was hardly detectable, and often not even suspected. It, like all other similar afflictions, is most destructive among a virgin people, by which I mean those who have never been subject to it. This, for instance, is also true of smallpox.

Prevention.

In the discussion of this subject, one of the most important things to consider, is its prevention. This pre-supposes a knowledge of its prompt recognition, and, following this in importance is, its proper treatment. A prime essential to prevention is the avoidance of contact between those having it and those who have not yet been subjected to its influence. This is easier said than done, for no consideration is likely to have a greater deterring influence than the moral teachings of early life, and the pecuniary, family, and other interests that are continually menanced by actions that will lead to contact with the syphilitic virus.

Not Always of Vicious Origin.

To claim that the victims who acquire syphilis are all violaters of the moral law, so called, is a gross injustice to many innocent individuals. When I come to explain the mode of acquiring syphilis, there will be no trouble in calling attention to very many ways of coming in contact with this remarkable poison in the most innocent manner. Many small children, even infants in arms, develop syphilis by other means than that of inheritance.

Amenable to Treatment.

Despite the tremendous potency of this disease, in which respect it frequently overshadows every other, it is, nevertheless, extremely amenable to proper treatment. Especially if long and persistently enough continued. Which proviso, however, is the great drawback to its successful cure in a large proportion of instances. In its later manifestations, its effects are equal in horror to almost any affliction that can affect a human being, though with proper treatment it quickly fades away, giving no sign of the terrible likelihood of its return if proper treatment is neglected. It is one of the

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most difficult things that a physician has to do to impress upon a syphilitic patient the importance, not only to himself but to the precious ones with whom he is associated or to whose being he may give origin, of persistent and faithful treatment, extending over a period of at least three years after the recession of all symptoms attributable to the disease. In fact, the weight of authority is against marriage of a syphilitic even after such a lapse of time under the conditions stated. Not only is this the difficulty with these patients generally, but it is all the more so because most of them are careless even to the extent of recklessness about their own welfare. In fact, were it not for this very trait of abandon the vast majority of them would never get syphilis.

Where Found.

It is a disease that is found in all walks of life, but most so in the extremes. Among the so-called immoral lower element, and the same class among the wealthy. Those least liable to it are the so-called middle class, staid and careful in their habits, and conscientious in their conduct. Certainly a notable instance of virtue being its own reward. The utter consciencelessness of a large proportion of syphilitics, also common, I regret to say, among people of intelligence (which makes matters worse) is discouraging to the conscientious physician and fills him with sufficient disgust to abandon the case. But one is only restrained from doing so out of regard for the many innocent people, and guilty ones, too, for that matter, with whom these moral monstrosities may come in contact and contaminate with the poison of their affliction. It is one of those instances in which the doctor stands guard for careless individuals without hope, not only of adequate fee or reward, but even of conscious appreciation of his services. The fact stands, that we are obliged, in our medical capacity, to conserve the health of the community without charge or recognition, and yet there is reward in the consciousness of good work well done.

Absolute Regulation Impossible.

So long as religion and custom are on the one side and human nature upon the other, there will be a conflict between the two, with the inevitable outcome that nature's mandate will prevail; the effect of the other two influences, when in opposition, being merely punitive, and, to a certain extent, instructive. But, as a hungry man knows no law, so also does passion know no restraint, whatever be its nature. It is the failure to recognize a few of these fundamental truths, that sets moralizers by the ears and prevents them from laying out a rule of conduct applicable to all people. Just as there are individuals who are so fond of meat that they feel that they cannot live if deprived of it, so there are those to whom it is a hardship to partake of it. We should hardly expect to see carnivora thrive upon a vegetable diet, or herbivora upon one of meat. So also is it senseless, because useless, to expect a natural born meat eater to do without his favorite and necessary food, or a vegetarian without his. So also, again, is it impossible to construct a rigid moral code equally applicable to all individuals, whose differences are as varied as the climates of the arctic and the torrid zones. What we now have in the form of religious observance, customs, and legislation is really a compromise between these extremes, leaning considerably, however, toward the ideal to which the great mass of people, under proper early training, can adapt themselves, but to which it is impossible for extreme individuals to conform. They violate every restraint, not so much because they want to do so as because the penalties exacted, together with their own earnest wish to avoid them, are not sufficiently deterrent. They are the victims of their own nature, which so many innocents have to unwillingly, and, at the time, unknowingly share. It has been the aim of wise men for ages past to so regulate these matters as to reduce the ravages of this disease to a minimum. All experience, however, gives but the one promising fact that the only successful restraint must be self-imposed by the individual, and this can only result from his proper education. Just as the best and most efficient safe-

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guard against the careless young woman's downfall is a thorough knowledge of all that it entails, so is the best prevention of syphilis a thorough knowledge by the populace of the disease, especially of its recognition, mode of acquisition, and effects.

Synonyms.

One of the commoner designations of syphilis is pox, with which the reader is, in all probability, familiar. There is another designation that is commonly found in European literature upon the subject, especially upon the continent, that it may be well to call attention to, and this is the word Lues.

Origin and Cause.

Regarding the origin of syphilis, of its *materies morbi*, nothing is definitely known, and, being still within the realm of speculation, it is hardly deserving of a place in this series. The causative factor is supposed to be a disease germ of some kind, as is to be expected in this present day of general acceptance of the germ theory of disease. But the supposed germ in this disease has not yet been found, and seems to be as hard to discover as one for smallpox; but whatever the determining factor of syphilis is, it is now well established that it is only effective when brought in direct contact with a raw surface of the body. This fact microscopy reveals to us by the minute processes of syphilization from the very commencement of infection until its final ending, whether this be favorable or unfavorable.

Character.

The character of this disease is, in many respects, the same as that of the eruptive diseases generally, having its regular period of incubation, decline, and sequels. It, then and for a time thereafter, is a local disease, but for how long a time has not yet been satisfactorily determined. I shall revert to this again.

Mode of Infection.

The prime requisite for infection consists in direct contact of the *materies morbi*, whatever it may be, germ or poison, and a raw surface. According to this, coitus should be possible between a person with syphilis and another without, involving repeated contacts, without communication of the disease from one to the other. This has actually happened. Instances of such contact between three individuals, one with syphilis and the other two without, after which one of these contracted the disease while the other remained free from it. This, too, with a local venereal lesion of the person afflicted, and which could not be accounted for by any other contact, either with or without the syphilized individual. A fact tending further to emphasize the principles here involved is the existence of a local abrasion at the site of the subsequent chancre immediately after contact. This was looked for and found at the time by the affected individual at the same time that similar search was made by the other unaffected one, but with negative results. This is a very conclusive instance of infection following contact with an abraded surface, and failure to do so with an unabraded one. I think this principle of an abrasion being necessary to inoculation by contact, was first and most effectively defended by Fessenden N. Otis, of New York, more than two decades ago. It seemed to me at that time that he proved his contention, and I am now more convinced of the correctness of his position than ever before. Careful inquiry of those having recently acquired syphilis will elicit one or more facts indicating ample opportunities for injury to the surface of the delicate structure involved during the contact.

(To be Continued.)

2353 N. 17th Street.

[The subject of syphilis will be continued in the next paper and which will run through several issues. This will be followed by gonorrhea and its consequences, and then a final *resume*.—Ed.]

Dr. Taylor, you are giving the everyday doctor just the kind of journal literature that he wants; pointed and helpful; something that he can assimilate and use; the kind of reading which makes him think. Let us have more articles on the P[illegible] business (dollars and cents) side.

Fraternally yours,

Dr. J. D. McC[illegible]affrey.

6387 Penn Avenue, Pittsburg, Pa.

One Phase of Cystitis in the Female.

By A. G. SERVOSS, M.D.
Havana, Ill.

Occasionally it is the luck of the general practitioner to come across a case of cystitis that resists all of the usual remedies, even to stretching or cauterizing the urethra, washing out the bladder with mild corrosive sublimate solution, or all of the routine treatments for this trouble.

The cases which I have noticed in particular, and to which I wish to call your attention, had not so much the symptoms of cystitis as of neuralgia, and might even give a strong suspicion of fissures at the neck of the bladder, but endoscopic examination usually fails to detect the last-named condition. Some of them, however, would readily have been classed as cystitis. They usually occur in women who have had no children, and depend on insufficient drainage of the uterus.

Therefore, sterile married women are the most frequent patients of this class. They usually complain of frequent micturation, which is quite painful at the close, but spasms of pain in the region of the bladder and urethra are frequent and severe, usually worse when walking or standing. The urine may be clear or cloudy, acid or alkaline; the patient, in the meantime, showing plainly the effects of pain, worry, and the loss of sleep. Many times these symptoms leave to return with renewed vigor as the patient nears the menstrual period; at any rate, they are made markedly more seve reat this time.

This condition of affairs caused me to examine the uterus of a patient suffering from this complaint, when I found a pin-hole os, the dilatation of which caused a troublesome case to become easy. Since this experience, it has been my practice in each case of intractable cystitis or neuralgia of the urethra, to examine the vagina and annexed organs, especially if the patient be a barren female. The results have been pleasing to my patients, though they usually demur on the ground that "there is nothing the matter there, it is the bladder that needs treatment."

This state of affairs applies not only to the class of cases described, but to all cases where for any reason there is any obstruction to the natural drainage from the uterus, a flexion, for instance, producing the same effect in a woman who has borne children as a pin-hole os or an infantile uterus will in a barren woman.

Treatment.

My treatment for this class of cases has always been dilating the uterine canal, and a forced dilatation by the ordinary dilator is but temporary. I am in the habit of using the negative galvanic electrode with a current of about 25 ma., though 75 to 100 ma. is sometimes used, increasing the size of the electrodes as needed. Treatment is kept up one or two times a week till a large-sized electrode will easily enter the canal. The first sound to freely enter the uterus usually relieves the pain for the time being, the period of comfort increasing till the patient gladly tells you that she has no more pain.

In all of our work, we must examine the whole field, and not fix our mind on the offending bladder or urethra alone. It may be that the rectum is at fault and needs attention, but in this article I only wanted to call attention to the most frequent cause of this trouble.

Of medicinal treatment, you will find that little is required in these cases, but I sometimes give thuja 2 or 3 times a day till it is no longer needed.

Fibroid Tumors of the Helix After Piercing for Earrings.

By A. SCHIRMAN, M. D.
St. Petersburg, Russia.

This case being a rare one, I find it not superfluous to mention it.

A girl of twelve years came to my ambulatory, complaining of a swelling, the size of a walnut, behind her right ear. On the left ear the swelling had the size of a common nut, and both were immovable. I proposed to the girl to come to

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my office so as to be operated upon, and she, previously being advised by her relatives, came on the next day. She was operated upon by me under chloroform, for which 25 c.c. were used. After removal of the tumors, several sutures were placed, and a dressing applied to the wound. On the seventh day the sutures were taken off, on the tenth the wound was quite healed, and the patient went home convalescent and very glad.

Eye Troubles Due to Affections of the Teeth.

By ALICE JARVIS, D. D. S.
Philadelphia.

It is not generally known that affections of the teeth may make themselves felt, in fact often do, as ocular disturbances. Few men realize how commonly this is the case. The frequency and far-reaching effects of dental disease manifesting itself in disturbance of function in other parts is suspected by only a few. Among many of the diseases of the teeth having these remote effects may be mentioned caries, abscesses, a dying nerve, and similar conditions. The canine teeth are the ones most liable to cause eye symptoms when affected. Irritating metal fillings, especially of the canine teeth, may give rise to a slight soreness that can hardly be dignified by the appellation pain, though they, nevertheless, cause marked pain in the eye of the same side.

It is also a fact that the treatment of teeth, especially the canine, often materially affects the ocular conditions upon the same side. For instance, a defective tooth, which may have given rise to no sign other than that which is natural under the circumstances, may begin to cause eye symptoms at the very beginning of its treatment. It is wise, on this account, for dentists to govern themselves accordingly. Thus, if a patient with defective teeth, who has complained of nothing but ordinary tooth ache and conditions properly connected therewith, begins to complain of eye ache or other similar optical discomforts, it is well to suspect the irritation co-incident with the treatment of the tooth to be the reflex cause of the ocular symptoms. It is then proper to institute such modifications of treatment as will relieve the sufferings of the patient. What this is must be determined in each case according to the circumstances.

These points do not refer alone to the general practitioner of medicine and to the dentist, but to those who devote all their attention to the special senses. Thus oculists would do well to consider dental diseases as a reflex cause of eye symptoms in connection with eye trouble, and the co-operation of oculists and dentists might often give perfect relief that is otherwise hopelessly unattainable. These remarks also apply to the aurist, rhinologist, and laryngologist.

I will relate a case as follows:

Miss M., a trained nurse, came to me complaining of eye trouble at the same time that her teeth required attention. Her eye troubled her a great deal, but she had me treat her teeth (canines) on general principles. I removed the nerves from these, treated the canals antiseptically, and filled them in a suitable manner with the proper material. Her eyes improved during treatment, at the completion of which she laid aside her glasses as useless, and has not required them since. She attributes her ocular improvement to the dental treatment without suggestion on my part, and I agree with her.

I have another case on record: That of a young man who had been under the care of an eminent oculist in this city for more than six weeks, with no apparent relief. Desiring to make a complete job of the entire matter, he concluded to have his teeth looked after although they were not giving him any special trouble. He came to me complaining of his right eye much more than he did of his teeth. Getting him in position in the chair, I carefully tapped each upper incisor, beginning with the left canine, and working around to the right. There was no response (in sensitiveness) until I struck the right lateral, which caused the pa-

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tient to utter an exclamation of pain, though the touch was a very light one. He said immediately that he could feel it in his eye. The most critical examination with an electric lamp and mouth mirror revealed nothing more abnormal than a little off color. Suspecting, however, that the eye trouble was a reflex symptom of some deep seated disease connected with the lateral incisor, I bored through the tooth from underneath with an electric drill, causing no pain whatever. But when the instrument entered the pulp chamber, pus began to exude. I emptied the canal, cleaned it thoroughly with hydrogen peroxide, and left it open for several days, subsequently completing the treatment. The outflow of pus was immediately followed by relief of the eye symptoms, which entirely subsided with the treatment of the tooth, and never returned.

Though not an oculist myself, I feel satisfied in reporting these cases as I do, and attributing the cure of the ocular symptoms to the treatment of the teeth, because the eye specialist who had treated this young man called upon me and stated this to be his own conviction after we had compared notes. Since then, he has sent me three similar cases, all failing to respond to his treatment, and yet promptly getting well upon passing through my hands. Some particular tooth was the cause of the eye symptoms in each case, this being the wisdom tooth in one instance.

A frequent cause of reflex eye trouble due to dental disease is a condition known as nodular dentine, which consists of calcarious formations in the dentine, causing pressure on the enclosed nerve, with resulting referred pain to the eye of the same side.

1301 Master Street.

I don't want to miss a copy of THE COUNCIL, as it is away ahead of *any* of the *eleven* journals I take. DR. R. P. JONES, Clinton, La.

I take pleasure to state that I find The Council the most practical, and hence the most useful, journal of all the five journals that I am a subscriber to. Respectfully,
Dr. M. V. LEOF,
495 N. 4th St., Phila.

Fecal Accumulation in the Lower Rectum.

By ERNEST HALL, L. R. C. P., EDINBURGH.
Victoria, Brit. Columbia.

As the aim of the MEDICAL COUNCIL is to afford practical working information that will be of value to the bedside, the writer wishes very briefly to direct attention to a condition rarely commented upon, and one which is, not unfrequently, a source of no little inconvenience.

Case 1. Miss ——, aged 20, under treatment for pulmonary tuberculosis, several hemorrhages, the last one completely exhausting her; for several days she lay, apparently, at the point of death. For several weeks she complained of a sense of discomfort in the region of the lower bowel; and, at times, experienced considerable pain. The bowels responded to mild cathartics and enemata. The discomfort and pain continuing, I explored the rectum, finding an oval mass of fecal concretion larger than a turkey's egg, and of almost stony hardness. This was, with difficulty, broken up and removed. Although not appropriating to this mass any importance in the role of causation, in the primary condition, it is interesting to note that the patient very slowly regained strength, with an apparent arrest of the tubercular process.

Case 2. Mrs. ——, aged 69, intracapsular fracture on left femur. Some nine weeks after the accident, she complained of severe burning over the lower part of the sacrum. The bowels had been somewhat sluggish, but, for a few weeks, had acted very satisfactorily; enemata having been given every day with effect. Examination showed considerable swelling over the region of the coccyx, with inflammatory action and tenderness in the ischio-rectal fossæ. I was in doubt as to whether we had an ischio-rectal abscess, as the result of sepsis from an angry-looking bed-sore, which had been caused by a rough nurse in changing the bed-linen (brush burn). Soothing applications proving ineffectual, the next day I explored the rectum, finding a hard mass of feces completely filling the lower rectum.

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How there could be regular action of the bowels past this mass, could hardly be imagined. By means of the handle of a spoon, the mass was broken up and delivered. It is needless to say that visions of abscess passed into the great beyond.

Remarks.

The deductions from these cases are self evident. The connection of the lower rectum with the pelvic-sympathetic only requires to be mentioned to indicate the systemic disturbances that might result from the presence of such an irritation—impairment of digestion, with its train of toxemia and secondary neuroses, etc., and by direct irritation through pressure upon the pelvic plexus, cramping of the muscles of the lower extremities, and even sciatica. What part such irritation played in the aggravation of the pulmonary condition in the first case, and in the general malnutrition of the second, it is impossible to state, but the comfort experienced in each case after the removal of the masses was decided.

In all cases of chronic disease, especially when the patient is compelled to lie partially upon one side, as in Case II, we should ever be on the lookout for rectal accumulations, and remember that the regular action of the bowels is no proof that such accumulations do not exist.

As many subscription renewals are due, we hope that each one will renew promptly. We are pleased at the many new subscribers constantly coming in, but we are even more desirous of holding all our old friends. The Council has been steadily improving and enlarging, yet we have many plans in progress for its still further improvement in the future. We are grateful for the exceedingly complimentary letters which accompany subscription renewals, and hope to deserve them still more as time passes.

If you do not get your Council regularly, kindly drop us a card, and we will investigate.

Communications.

Typhoid Fever with Singultus-Strangulated Hernia with Successful Operation.

To The Medical Council.*

These two cases have been of considerable interest to me, and I would like to report them, and they will probably be of interest to others.

Typhoid Fever Complicated with Singultus.

First Case.—The important points about this case is the treatment used.

Patient aged 40, male; has been healthy all his life, but was of a peculiar nervous temperament; unfavorable for typhoid fever, and became delirious on the second day. I was called to see him on August 24th, last. He had just returned, the previous day, from an excursion to Chicago. His morning temperature was 101½, evening 103½, and reached 104 in the afternoon, and continued this way until the first part of the third week, then began to decline. There was some delirium, diarrhea, stools two to four per day, very offensive, tympanitis, and subsultus tendinum from the beginning. At the beginning of third week, the bowels were checked and became very tympanitic, delirium grew worse, singultus set up, and the prognosis was very unfavorable. Counsel was called.

Treatment.

This is brief, and, I think, is the only rational and scientific treatment we have for typhoid fever, viz., good feeding of the proper kind of diet, such as milks, soups, fruits, soft boiled eggs, egg albumin water seasoned to suit the taste, and hydrotherapy, both internally and externally, from the beginning to the end, and if we will lay aside all our drugs, unless for special symptoms, and treat our patients strictly by this method, about 98 per cent. will recover. I have used this treatment for the past twelve years, and have probably had 125 cases, and my

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Account Books for Physicians' Use.

The occupation of the physician is a peculiar one. While he does a far larger proportion of his business on credit than persons of any other occupation, yet he is very poorly situated for keeping his accounts systematically. The merchant has his books open on his desk, and enters the necessary charge before he waits on the next customer. The physician, on the contrary, waits upon his patrons at *their* homes, and when he returns to his office there are often calls to other places awaiting him which he must attend at once, or, if not, he is often more anxious to hastily look up the literature on a puzzling or critical case than he is to make record of what he has earned. Often he comes in so tired, hungry and sleepy, that he must attend to himself rather than to his books. Thus several days may pass without his books being written up, and then he has such confused ideas of the events past that many charges are not entered at all and none are legally entered, since the law requires the original entry to be made within twenty-four to forty-eight hours of the time the service is rendered. *A pocket account book of original entry seems to be the only practical method.*

Convenience of Collecting.

There is another and equally important reason why large office books are impracticable for professional use.

The merchant, the manufacturer and others are usually to be found, either in person or by representative, at the regular place of business. The customer comes in, learns how much is due and makes payment. The physician, on the other hand, can seldom be absolutely depended upon to be found in his office, and the knowledge of that fact gives the debtor an excuse for spending his money for other purposes, after having called at the physician's office to settle his account and not finding him in. The physician must be prepared in some way or other to show his patron the state of his account whenever asked for it—on the street, on the country road or at the patron's home. A pocket abstract from the office book involves so much extra writing and is so impracticable in every way, that it is not likely to be extensively adopted. *A pocket account book of original entry, again, is the only feasible plan.*

Legal Requirements.

But the ordinary pocket visiting list has been tried and is found to be no record at all in the eyes of the law, since the services are not described, but are indicated by a series of arbitrary signs, which have to be interpreted. The law does not allow the doctor to explain the charges by verbal testimony; and, of course, such records are of no earthly value to his family after his death. On this account thousands of dollars are lost every year by foolish and shiftless doctors who depend upon such slip-shod methods of preserving what is often *the only form of life insurance they ever carry* for their families—their book accounts.

The law requires that an account book of original entry must show in plain language and figures, which can be read by judge and jury without personal explanation, the name of the person against whom the charge is made, the name of the person for or to whom the services or supplies are rendered, the date, the description of services, and the charge must be definitely carried out in dollars and cents. The entries must also be made while the transaction is still fresh in the mind—not later than the next day.

The Physician's Pocket Account Book.

It has been quite a problem just how to get a book that would give such a complete record and yet come within convenient pocket size. We present here a brief description of a book that has been found after two years' experience to exactly and completely fulfill all the requirements. *This is the Physician's Pocket Account Book.* We believe that all physicians who have any regard for their business interests will desire to investigate it, and hence we give it this full presentation.

The Pocket Account Book consists of a book of 208 pages, 4½ by 7¾ inches, bound in heavy manilla, with cloth back, and for convenience of carrying, it is enclosed in an elegant, substantial leather

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case. The price of the set, consisting of the book and case, postage paid, is $1.00. Subsequent books alone, 40 cents each, or three for $1.00. Under ordinary circumstances one case will last until three or four books are filled. Some persons will wear it out with the first one, as they would an ordinary leather bound book. Even in that case the book is far more economical than any other system that can be procured.

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The name of the person responsible for the account is written at the top of the page. Each charge against him is dated, entered in plain language, carried out into the money column, and each payment is duly credited. This book, then, besides its superior convenience, *stands every legal test.* Without any accompanying explanation whatever it

A. Enables the Doctor to prove his account in court against a debtor who disputes it.

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Dr. J. J. Taylor, editor of THE MEDICAL COUNCIL, has gotten out a very compact, substantial and convenient account book for physicians, which only needs to be seen to be appreciated. It requires no posting or double entry. Each account is separate and distinct on its own page. Once writing the charge or credit completes the transaction. Quite a boon to doctors who appreciate a simple but correct method of keeping their books.—*Southern Practitioner.*

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We have been using for the past month with entire satisfaction one of Dr. J. J. Taylor's Physician's Pocket Account Books. The book is well arranged, made of good paper and is altogether the most convenient pocket account book that we have yet met with.—*Chicago Clinic.*

Physician's accounts and how to keep them are notoriously the bane of the physician's life. Not educated as a business man, his work carried on in a way not common to other pursuits, the feeling that his vocation is not a business one, all tend to make him careless in keeping records of his work, of the pay he receives and of the fees delayed. The result is that he loses much money during his lifetime and after his death the administrator of his estate finds the assets represented by unpaid accounts scarcely worth the paper they are noted on. The ordinary visiting list has much to recommend it to favor. In certain ways it is exceedingly convenient; on the other hand it is absolutely worthless in the settlement of a disputed account. It is kept in such a way that it cannot be introduced into court as legal evidence. That is not the case with the book before us. Each account is kept separately, the exact nature of the services rendered and the special charge therefor are specified and the book can be introduced into court as one of original entry and of perfectly legal value. In addition to this characteristic it is very conveniently arranged.—*The Colorado Medical Journal.*

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This account book has been prepared by a physician of large experience and admirably meets the needs of the physician in this direction. Moreover, it is so arranged that while the system is simple and concise, it at the same time meets all legal requirements, and will stand in a court of law. So far as is known, it is the only single book system on the market that meets such requirements. This plan of keeping accounts will enable the physician to collect his accounts from a decedent's estate; it enables the physician to prove his account in court against a debtor who disputes it; it will enable the doctor's widow or executor to collect from debtors after his death. If the due bill form (furnished at the bottom of each page) is used either at the close of protracted service, or at a time of settlement, or when an account begins to grow old, it will prevent all future dispute of the account. The book is durably bound, is tasty in appearance, and the price places it in the reach of all.—*Jour. of Med. and Science.*

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mortality has been about three per cent. I have tried all treatments, from carbolic acid, tincture of iodine, calomel, and intestinal antiseptics, down to the Woodbridge treatment, and have found one about as beneficial as the other. Consequently, I have discarded all drugs, unless for special symptoms, and I do not believe that there is any known treatment equal to this when strictly carried out.

I have both tubs made of heavy rubber duck, seven feet long, two feet wide, and eighteen inches deep. This makes a good bath tub, and the patient can be well covered in water. I bathe them every three hours when the temperature is about 102½. The duration of the bath varies from fifteen to thirty minutes. After the bath, I rub the body well, put them to bed, and use hot applications if they are very chilly. Some will have rigors and shakes, and the extremities turn purple, but this all passes off soon after they are placed in bed with hot applications.

The kind of a bath I think the most beneficial, is the full cool bath, temperature about 76, but there are some who object to a cool bath, and I use the graduated bath with them.

This treatment was used with the patient above reported until the first part of the third week, when the fever began to decline, singultus set up, and tympanitis grew worse, and the treatment was then changed. For the tympanitis, high up rectal enemas of turpentine water and glycerine were used, and for the hiccoughs, hot baths, chloral, bromides, and morphia hypodermatically. But I wish to impress the fact that the most important part was the hot baths. Nothing would stop the hiccough until we put him in a hot bath, and as soon as he was placed in a bath of a temperature 103 to 105, they would stop immediately, but would return after coming out. I continued these baths every three hours, lasting from twenty to sixty minutes, and I think there is nothing that will equal them in the singultus of typhoid fever. Patient is making a good but slow recovery. Hiccoughs lasted twelve days and nights.

Strangulated Herina; Operation; Recovery.

Second Case.—This patient is of interest both from a medical and surgical standpoint. B., aged 40, male, single; has been dissipated; been under my care for the last two years. Diagnosis—Bright's disease, cirrhosis of the liver, ascites, and an old umbilical herina. He has been tapped about ten times in the two years. On the night of September 28th, this hernia became strangulated. He made efforts to reduce it, but failed, and suffered considerable pain. Two physicians were called, and anesthized him, but failed to reduce it. I saw him at about 4 P. M. on the same day, and sent back for three physicians, but one failed to come as he had advised him to go to the city and be operated upon. We proceeded to do the operation under very unfavorable surroundings, making it impossible to adhere to antiseptic surgery and we worked by lamplight, etc. We prepared the patient; made an incision about four inches long; let out a gallon or more of fluid; found one loop of intestine strangulated; divided the old ring; dissected and removed the greater part of the sack; pared the edges of the old ring; and, after cleansing, took six deep silk sutures through the skin, fascia, muscle, and peritoneum. There was union by first intention. Temperature on the following day was 101. Recovery was quick and complete.

The point I wish to impress, is not to delay an operation for strangulated hernia. Operate at once. In one case previous to this, which was also reported in this journal some five years ago, a lady with strangulated hernia, operation was postponed until stercoraceous vomiting set in, when the operation was performed, about ten inches of intestines sloughed off and the patient died.

S. M. DORRIS.

Bandana, Ky.

Enclosed please find $1.00 for 1902. THE COUNCIL is always a welcome visitor. I enjoy reading it, as it is a clean journal and ably edited.

DR. JOHN D. TUPPER,
Westport, Mass.

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Fatal Puerperal Septicemia.

To The Medical Council.

Is there a specific toxine that produces puerperal septicemia gravidarum, the variety that, if you have a case in your practice, you will almost invariably infect everyone of your labor cases with regardless of your precautions, antiseptics, etc., and those infected prove uniformly fatal? It has been my privilege to watch some disastrous results in this line, and I believe that the general practitioner in every field who has done service has some experience that he does not rush into print with.

In 1891 I observed the course of one infection. I was then a druggist. A physician, a conscientious, hard-working, consecrated man, had a patient who gave him quite a lot of trouble, with all kinds of symptoms before her pregnancy, and, during it, and at labor developed a virulent septicemia. His practice being extensive, before he realized "where he was at," he had ten cases of puerperal septicemia, nine of whom died. The first case showed every indication of an extra uterine or tubal pregnancy preceding her pregnancy, and her labor was premature. At that time we did not know as much about tubal pregnancy as we do at present, and every cross-roads doctor was not expected to do an abdominal section. Since 1894 I have had two rounds of virulent puerperal septicemia in my own practice that were only kept from reaching the gravity of the one related by my absolutely refusing to attend a labor case while waiting on those affected. The first case showed every indication of a ruptured tubal or extra uterine pregnancy, with normal pregnancy supervening.

On Sept. 17th, last, I was summoned to see Mrs. ———. She had been visited the night before by another physician, who told her that she was threatened with miscarriage. He left her what she needed, and enjoined rest, and went to attend another case of labor. Not being able to visit the case next morning, her attendants became alarmed and summoned me. I found her condition as stated by the physician, having strong labor pains, with unusual strong muscular contractions of the abdomen. The husband not being at home and the other physician being detained, after careful disinfection I made a careful examination. The os uteri was very high and to the left side of the vagina. There was no dilitation and I could not touch any part of the fetus, even with pronounced counter pressure on the fundus. There was a pronounced tumor high up on the right side of the vagina, and very perceptible on external palpation, extending up the right iliac region to two inches above the bony prominence. The growth was adherent to the abdominal muscles, but the uterus was not attached to it above the symphisis and could be well outlined on the abdomen, and showed nothing out of the ordinary except that it was very high up, reaching almost to the ensiform cartilage. There was a white granular viscid secretion on the examining hand, and the patient stated that she had been passing that character of matter with shreds and pieces of white to slate colored membrane ever since her last menstruation. Pieces of membrane were at times as large as an ordinary No. 5 envelope. Her menstruation in March was accompanied by some purulent clots of mucus, shreds, etc. She had been irregular in her menstruation from December to March. Had tumor in right side, and continued pains, cramps, paroxysm of extreme nervousness. One day she felt a giving way in the right side, became prostrated, with extreme shock and the tumor disappeared. She slowly recovered from shock and got able to travel in a wagon to visit relatives. The tumor gradually returned in the right side. She felt movements of the child about August 1st, which was the first time pregnancy was suspected. She had labor pains at irregular intervals all the time since August 1st.

This is the history to Sept. 17th, the time of examination, when I predicted an awful time, and suggesting waiting her husband's arrival as they had contemplated employing another physician other than the one called in or myself,

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and assured her that she was safe till she could get him. The physician she wished came shortly after I left the house, and took charge of the case. That was Tuesday noon. She continued in hard labor till Friday morning, when husband came to my office, said he was not satisfied with her condition, etc., and asked me to take charge of her case. This I refused to do without the benefit of consultation with her attendant, as I told him my diagnosis was pregnancy complicated with previous tubal pregnancy and rupture, and deemed surgical intervention the only means of relief. He refused to have an operation and I refused the case. She continued till the following Friday night, that is from the 17th to the 27th in hard labor despite the heroic use of morphia and constant inhalation of chloroform, when the membranes ruptured and, on Saturday morning, she was delivered of about a six months' child which lived a very short while.

There was a pronounced tumor in the right side after the uterus was emptied. On Monday the abdomen began to swell, and continued, becoming immensely distended by the following Saturday night, when she was relieved from further suffering by death.

I satisfied myself in this case of a previous ruptured tubal pregnancy. Her physician accouched Mrs. ——— Tuesday night, but she was visited by him Monday, Oct. 7, after attending Case 1 Saturday night to time of her death. Case 2 on Thursday, she had tympanitis, abdomen distended, vomiting, temperature 105, and symptoms continue.

Case 3. Mrs. ———, delivered Friday morning. Saturday A. M., temperature 102; at 3 P. M., alarming diarrhea; temperature 104.

Tuesday, Case 2, extreme prostration, abdomen enormously distended, temperature 104. Cannot be touched. Case 3, same condition, but diarrhea under control.

Monday, Case 2, dead. Case 3, improving some, but condition still very critical, and continued so for twelve days, but gradually improved, and is now almost convalescent.

Now the question, "Is virulent septicemia puerperium due to a specific toxine produced by absorption of the cadaveric remains of a ruptured tubal or extra-uterine pregnancy?" There seems a very close connection to me, and we have an analogy in Liquor Taffana.

JNO. W. HYATT.

Bellevue, Tex.

[We are not aware that anyone has ever attributed puerperal septicemia to cadaveric poisons generated in an old ruptured extra-uterine pregnancy. The infection in this disease is believed to be carried into the parturient canal by any of the implements or materials used in treating the parts during and after childbirth, or upon the hands or fingers of the attendants. It seems hardly probable that an old ruptured extra-uterine pregnancy would ever be the source of infection. As is well known, or, at least, well established, the danger of traumatisms entirely excluded from the air becoming infectious is almost nil. An extra-uterine pregnancy has no communication with the outer air, either before of after rupture, unless it is peritoneal and the fallopian tube is not blocked. But even then its narrow canal would afford very little infection, especially when we consider that the movement of its lining cilia is toward the outer air. It is safe to say that septic processes do not begin within the body except by its introduction from without. In the case of extra-uterine pregnancy, if at all septic at any stage, it is apt to be so immediately, or very soon, after rupture, when its consequences would become evident. We have known old pelvic pus collections to have been the most logically presumable cause of peritonitis with a fatal issue, followed by a post-mortem examination. It is possible that such old collections of pus might cause a

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puerperal septicemia, but they would most likely be very rare. We can hardly believe that an old ruptured extra-uterine pregnancy that has left no septic pus collection would be likely to cause childbed fever. In reference to the balance of our correspondent's query, we have only to say that the weight of authority is all in favor of their being certain forms of septic infection at this period, not at all necessarily different from similar infections under other circumstances, that are so virulent as to be readily communicable to any individual presenting a suitable exposed surface, and with the probability of ending fatally, as happened in some of the cases cited by the doctor.—ED.]

Carbolic Acid Dressing.

TO THE MEDICAL COUNCIL.

I wish to say: "Me, too!" to all that Dr. C. Kendrick says on page 412, November COUNCIL, concerning "Carbolic Acid in Surgical Cases." I have used little else as a surgical dressing for the last seventeen years. I had used this dressing so long, and am so wedded to it, that I was glad to see it recommended by the Doctor. We country fellows have to "make brick," sometimes, whether the "straw" is on hand or not.

The following quotation from one of the cases presented by Dr. Kendrick was of unusual interest to me. He says: "On account of the lacerated condition of the toes and foot, I expected him to suffer much pain, but one week after the injury, he tells me, that he has not suffered a moment's pain since the first dressing."

This reminds me of a case which Dr. Richardson and I had last August. The right hand of Joe. B.—— was caught by a circular saw, and thrown a distance of forty yards. The hand was severed midway between the thumb and wrist. At the suggestion of a layman, the wound was literally packed with dry horse manure to check the hemorrhage. Dr. R. and I reached the case about two hours after the accident had occurred. If you should ever have a similar case, brethren, try to get to it *before the dry horse manure gets there.* I say this parenthetically, but very *feelingly.* After freeing (?) the wound of that best of fertilizers, and making a few bricks without much straw, we proceeded to dress the wound pretty much as described by Dr. Kendrick. Like Dr. K., we expected the patient "to suffer much pain," but he says to-day that he suffered no pain whatever after the first dressing. I have briefly (and very clumsily) related this case for no other reason than to mention the fact that there was no pain after the first dressing. This was a surprise to Dr. R. and myself. I am always glad to see something from Dr. Kendrick. My journals spread a feast before me each month, but I cannot partake of the good things with a good face, because so little is contributed by men of my own State. Therefore, I am doubly pleased with the Doctor's articles. By the way, if the Doctor will stop his ears for a moment, I will say that he is no "hill-side ditch," anyway.

A. C. GORE, M. D.

Hohenlinden, Miss.

It gives me great pleasure to renew subscription to The Council. It is worth many times the price. Dr. C. C. YOUNG, New York.

The Council is the most satisfactory, helpful and practical journal that I receive. With best wishes for the combined success of The Council and its editor, I am
O. N. RICE, Tipton, Mich.

Dear Doctor:—I have taken many medical publications, but The Council is the first one to be read at my office and prized the highest. I have concluded that I cannot dispense with The Council. Dr. OLIN F. BUELL, Henderson, N. Y.

The percentage on the $1.00 invested beats "Wall Street," with all its nervous strain and calamity that so often follows. But with The Council the dollar invested is a dead certainty. "Long live The Council," may its members increase in proportion to its usefulness,
DR. BENJ. F. SHIPLEY, Alpha, Md.

The Account Book, Splendid. Just the book I have needed for 35 years.
DR. H. S. STRAIN, Nokomis, Ill.

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The Business Side

OF MEDICAL PRACTICE.

While we as physicians desire to be scientific students and practitioners of medicine, yet we desire also, for the welfare of our dependent ones and for the sake of our standing in the community, to secure a fair compensation for the services we render to our fellow-men and to society. To this purpose The Council will occasionally conduct a brief department in which may be discussed those subjects that pertain to the financial welfare of the practitioner and the profession. Ideas are solicited for this column.

The Selfishness of the Doctor.

We clip the following from the *New York Medical Journal's* "Pith of Current Literature," which it abstracts from the *Medical News:*

The Physician as a Social Factor. By Dr. Alexander Rovinsky.—The author insists that, by taking a more active part in the social and political affairs of the community, we shall succeed eventually in rooting out that erroneous idea, firmly implanted in the public mind, that the medical profession is always actuated by purely egotistic motives in its dealings with the community.

There is, unquestionably, a paradoxic condition of affairs in the practice of medicine. It is a profession that has ever claimed to be, and been generally credited with being the noblest, the most self-sacrificing, and most humane of all. And yet, alongside of this is the unvarying fact that the Doctor gets every cent of his income from the ills of his fellowmen, or their desire to avoid them. This is not true, even to a small extent, of any other walk in life, not even of the undertaker, who deals in matters that are inevitable. Death must come to all; so must at least a final illness to most people. We say most people because some die suddenly from accidental causes, and others from diseased conditions that do not manifest themselves until they crush out the life of the individual at one sudden, fell stroke, as in sudden fatal cerebral apoplexy, in which the victim drops as if shot, or hit on the head with a club, and is dead in a few hours, the result of a ruptured atheromatous blood vessel that had previously given no sign of this condition. If a man, woman, or child meets with a mishap upon the public highways, or often within their own domiciles, neighbors, and even utter strangers, hasten to their assistance with the utmost desire to render every service in their power. Everyone gives freely of his store of whatever may be necessary to lessen suffering and effect a cure, and this without expectation of fee or reward; in fact, they would be justly offended if compensation of any kind were hinted at. The Doctor is sent for immediately, and asked to render the skilled service which is only at his command. This he does with the full expectation of a customary, if not adequate fee and reward. No matter how great the misfortune of the sufferer, no matter how great his pecuniary distress, the Doctor expects to be paid for his work. Upon many of these occasions, the neighbors, who have already given their services and whatever else was necessary, will contribute by subscription the where-with-all to compensate the physician for his services.

Now we cannot find fault with any mind that views this as the very essence of selfishness on the part of the Doctor. It, certainly, looks that way at first sight, and one wonders how it is that custom or usage from time immemorial countenances such a seeming mal-adjustment. But usage in this respect is not so far wrong after all for the simple reason that the physician is an absolute and urgent necessity for the welfare of the community. His training now-a-days, to insure

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competence, requires a greater expenditure of time and money and more ability than was ever required before. He is a *quasi* pnblic official, but for whom there is no public provisions made. His existence, together with his training and his maintenance, depend upon an automatic adjustment of his relation to the public. The present usage is the result of the evolution of ages of experience, and we believe the time to be rapidly approaching when his *quasi* public character will be officially recognized, and this in an increasing ratio until his services will be supplied to the community free of charge, as are those of the policemen, firemen, and other conservators of the public interests at the present day, and salaried at the public expense. The seeming selfishness of the Doctor in exacting compensation from all for the alleviation of suffering is necessary for the public good, and that is why he gets it. The social organism is selfish, as are all individuals. The old German phrase, "I come first, and then I come again, after which ——," applies to all of us, and is the secret and fundamental working of our minds. We cannot help being first and uppermost in our own minds because they are part of ourselves, just as the mother's leading thought is for her own child, it being originally part of her own flesh and blood. Thus it is that mother love is akin to self love, a species to selfishness, perfectly natural and absolutely essential to the welfare and perpetuation of the race.

Dear Doctor:—Please send me The Physician's Pocket Account Book for the year 1902. I have one that I have had in use for over one year, and I must say that it is the best physician's pocket account book that I have ever seen up to the present time, fulfilling, as it does, every requirement of law.

J. T. TAYLOR, M. D.

Salt Lake City, Dec. 5, 1901.

Cut Rates With a Vengeance.

Deplorable as may be the case of the American physician who attempts to make a living from dispensary and lodge fees, it is immensely preferable to that of his Austrian brother, if we can credit a recent editorial taken from the *Wien Neue Frei Presse* and republished in *American Medicine*. No wonder the physicians of Leipzig went on a strike, if the conditions of affairs in Germany is analogous to that in Austria, where the profession is being rapidly starved to death by "humanitarian legislation." In 1888, Kranken-Kassen were instituted and legalized for the purpose of protecting working men from loss during illness. Desirable as this may be in the abstract, its actual results are deplorable in the extreme to the profession for things have come to such a pass in Vienna that 475,000 people now belong to these compulsory insurance companies whose benefits can be enjoyed only by those members who employ the Kasse-doctor. Furthermore, under the Austrian insurance law these mutual insurance companies are not only open to all workmen but all government officials are forced to join, irrespective of their incomes. Under government officials in Austria are included, not only those employed by the government offices, but all bank and business house officers as well, directors of factories, railroads and actors also whatever their incomes. This need not be strenuously opposed if the insurance companies would employ a sufficient number of physicians and pay them just rates, but the contrary is the fact. Cut rates prevail to such an extent that the average fee of the insurance doctor is six cents for a house visit and one and one-half cents for an office consultation.

The Viennese physicians have at last rebelled and now demand that an elective system be substituted, viz.: that the patient be able to choose from a list of physicians the one he desires to have treat him, instead of being required to consult the one doctor in his district; also, that these doctors form a board, which shall, in concert with the in-

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surance company, decide the question of fees, etc. The doctors make one more demand. In 1897 insurance companies were established for master-workmen, and these they were compelled to join, but to the credit of the physicians, these companies could find no doctor who would treat for a pittance a class of men who were, for the most part, wealthier than they. They demand that members of this class be not by law entitled to free treatment.

May success attend the Viennese doctors as we learn it has the Leipzig physicians in their strike so ably defended in the August *Clinic* by Dr. J. J. Connor. "Subsitute for Krankasse," says *American Medicine*, "the words free dispensary and we might almost believe that the Viennese editorial had already appeared in the American press."—*The Chicago Clinic.*

[The remedy for this condition of affairs is an exceedingly simple one, and is covered by the one word "combination." It is by combination that capital overcomes labor, as well as by means of which individual physicians appear to be coerced into rendering services for a pittance. Workingmen's beneficial societies, in the attempt to obtain for him cheap medical service, make an offer to an impecunious Doctor, either a beginner or a broken down old one, or one who has never been able to make a success of his profession, under the impression that they are accomplishing something good, but the contrary is the effect, and the workingman is injured instead of being benefitted. The first injurious effect consists in his getting defective medical service, which is often worse than none at all, but for which he, nevertheless, is compelled to pay a certain sum. One of the best remedies, in cases of this kind, is for the more competent and successful members of the profession, whose advise is eagerly sought, to decline giving any aid whatever to physicians of this class. The Doctor, like all other individuals in practically every walk of life, is usually a pretty fair judge of the value of his own services, and generally asks pretty near what he is worth. It is the application of the principle of supply and demand. There are, however, marked exceptions to this rule, but they eventually reach their proper level in due season. This is a proper matter for action by local medical societies, but they are shorn of most of their power to do good to themselves or anybody else by the absurdly improper manner in which nearly all of them are conducted. Upon this matter, we have more to say in another place. The Doctor, however, who will work as these Viennese and Leipzig physicians do, at the rate of six cents per house call and one and one-half cents per office call, are probably not worth even this pittance, and shonld go into some other business.—ED.]

Negligence of Physicians as to Life Insurance.

The following letter is one of many similar ones which we have received:

——, ——, August 10, 1901.

AMERICAN-MEDICINE Publishing Co.,
Philadelphia, Pa.

Gentlemen:

Referring to attached bill against Dr. ——, Dr. —— died recently and his affairs are in very bad shape. I doubt if anything at all can be realized on his accounts. I have the business of adjusting same in my hands, but see very little chance of being able to pay more than the funeral expenses out of his estate—and possibly not so much.

Yours truly,

——— ——— ———

It would be instructive to learn how many of the 140,000 American physicians are drifting on through life without insurance upon their lives. What an amount of suffering results from this

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negligence! We can hardly imagine a case in which it is excusable. One may be very poor; companies may fail; companies do sometimes attempt to cheat the heirs of physicians out of their dues; life may be made miserable for the over-insured in paying premiums, and so on—but there is almost no condition that warrants a physician in being utterly without insurance. Choose good companies and trustworthy agents, get expert advice, take a moderate amount, but our advice is do not go on another week uninsured, and the earlier the young physician acts the better.—*American Medicine.*

The Doctor's Bill.

The physician himself is at fault for the remissness of his patrons in paying their dues. Indeed, our profession has been brought under contempt through the adage—"As hard to collect as a doctor's bill." Tradesmen are promptly paid the entire amount of their bills. The doctor would be, too, if he would only put up a little fight for it; but, without a particle of business insistence, with childlike timidity, he humbly submits, without protest, to being paid at any odd time, in a haphazard way, at long intervals, and then, usually, only a part of his bill, instead of the whole of it. Eventually, payments become more and more remote, while the amounts at each payment dwindle in proportion.—*Dr. G. R. Patton, in The Northwestern Lancet.*

Authors of Novels Should be Liable to Physicians for Advice Used in Fiction.

A novelist tells the story that in writing his latest work he called in his family physician to assist him in duly disposing of one of his characters and—here comes the special point of his tale—he received a bill for professional services for the same. While we did not learn the exact state of the author's mind when this occurred, it would appear from his reporting the event that he considered it somewhat extraordinary. Why this should be so is not self-evident unless it be that it seemed to him that doctors could deal only with actualities, and was not aware that medical opinion on fictitious cases has a legally recognized value and is constantly being called for in the courts. The service rendered in this case can hardly be questioned—certainly not when one recalls the too common medical mistakes of writers of fiction. The curious thing is, that the writer who had the sense to call for such aid should have not appreciated its money value.—*Jour. Am. Med. Asso.*

Selected Medico-legal Notes.

From Various Issues of the Jour. of the Am. Med. Asson.

Two Thousand Dollars for Flesh Injury to Foot.—The Court of Appeals of Kentucky holds, in Bowling Green Stone Company *vs.* Capshaw, that an award of $2,000 damages for injury to a man's foot could not be considered excessive where the flesh was torn and mashed, so that under the great toe and the ball of the foot flesh had to be cut off, it being shown that the injury was painful and permanent, and that the man lost much time from labor and would be a slight cripple for life, though no bones were broken or removed.

Eight Thousand Dollars for Loss of Leg Below Knee.—The Supreme Court of Iowa holds, in the personal injury case of Wimber *vs.* the Iowa Central Railway Company, that where a switchman in his 39th year and in good health, with an expectancy of life of 26 years, met with an accident necessitating the amputation of his right leg about six inches below the knee, and causing pain, suffering, mental anguish, loss of time, and decreased ability to earn usual in such cases, an award of $14,500 damages must be considered excessive, and all in excess of $8,000 must be remitted, if the judgment be allowed to stand.

Fifteen Thousand Dollars for Hip Injury.—The Supreme Court of Alabama holds, in Southern Railway Company *vs.*

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Crowder, that where a passenger was thrown from her seat and hurt by a violent jerk of the train, the evidence tending to show that among the serious hurts which she sustained there was a fracture of a bone in the hip joint, in the treatment of which she was for several weeks kept prostrate with a weight suspended to her foot, and that this hip injury had resulted in impairment of her general health, and a stiffening and shortening of her leg to an extent which would henceforth deprive her of its natural use, a verdict for $15,000 could not be said to be excessive, the jury being authorized to award for recovery a sum which would furnish reasonable compensation for these injuries and the suffering naturally attendant thereon.

Court Terminates Lengthy Malpractice Litigation.—In the late appeal from a judgment for the plaintiff in the malpractice case of Margaret Leach Barker *vs.* Lane, the Supreme Court of Rhode Island says that the verdict was clearly against the evidence. Whether the defendant used proper professional skill and diligence in treating the plaintiff's arm was a question which must be determined by the testimony of experts in medicine and surgery. A number of these were called, some by the plaintiff and some by the defendant, and they all substantially agreed that the method of treatment adopted by the defendant was professional and proper. Taking their testimony in its strongest light in favor of the plaintiff, it only showed an error of judgment on his part in treating the arm; and such an error, merely, the court holds, is not enough to sustain an action of this sort. Continuing, the court says that the treatment of which the plaintiff complained occurred in 1892, but no action therefor was brought until in 1895. The case has now been tried five times, with varying results; and in 1897 a verdict for the plaintiff was set aside by the court for the same reason that the present verdict is set aside. The declaration has been repeatedly amended, and at least four of the original witnesses are now dead. Then the court adds that it is of the opinion that the plaintiff, after the lapse of nearly nine years, must be presumed to have presented all the evidence which is now available in her behalf, and that the interests of justice will not be subserved by a further prolongation of this litigation. "It concerns the State that there be an end of lawsuits." Wherefor, the Supreme Court remands the case with direction to enter judgment for the defendant.

Fifteen Thousand Dollars for Death of Physician.—The second appellate division of the Supreme Court of New York holds, in the case of Ericius *vs.* the Brooklyn Heights Railroad Company, that it can not be said that an award of $15,000 damages is excessive, for causing the death, through negligence, of a physician about 50 years old, who was earning in the practice of his profession, $175 a month.

A Libelous and Not Privileged Communication.—The Supreme Court of Iowa says that the conclusion was fairly warranted, in the case of Hollenbeck *vs.* Ristine, that the surgeons of a street railway company, incensed at the conduct of a conductor with regard to the settlement of a bill of $15, brought their complaint to the notice of the president of the street railway company, either as a means of inducing the conductor to pay the debt, or for the purpose of causing his discharge, or both; and that the president, preferring to act upon written complaint, asked one of the members of the firm to put it in writing. This the doctor did, stating that for some five years the conductor had owed them a bill for professional services rendered his family in the way of consultation, and, "having no other defense," when finally being sued, "he cowardly slinks behind that of statutory limitation," and that they would prefer not to be connected in an official capacity with a corporation giving employment to men of this character, especially when permitted to occupy positions of trust. And the court thinks it clear that the conductor was discharged because of this communication. Nor does it consider the communication privileged. The result is that it affirms a judgment for

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$683,33 damages in favor of the conductor and against the writer of the letter.

Spitting or Coughing of Blood.—In the case of Peterson *vs.* the Des Moines Life Association, the assured was asked in her medical examination whether she had ever had any "spitting or coughing of blood," and answered "No." There was, however, evidence that on various occasions prior to the giving of this answer the assured did spit blood, and the jury so found in response to a special interrogatory. But the trial court, in its instructions, limited the inquiry to the question whether the assured was subject to spitting or coughing of blood, and the Supreme Court of Iowa holds that this was proper. It says that the inquiry must be given a reasonabe construction, and such construction would limit it to such spitting or coughing of blood as a reasonable person might suppose to indicate some ill health or physical condition affecting the desirability of the applicant as a risk. It would surely not be expected that the applicant should answer as to spitting of blood by reason of the extraction of a tooth or accidental biting of the tongue. The finding of the jury that the assured had spit blood, was, therefore, not conclusive. The jurors may have found, under the evidence, that she had not spit blood in such a sense as to show that her answer was fraudulent. The same reasoning, the Supreme Court says, disposed of the complaint of the association in this case as to other answers of the assured with reference to previous ill health and accidents. It was for the jury to say not only whether such answers were untrue, but also whether, if untrue, they were fraudulent.

Board of Health Can Not Be Controlled by Injunction.—The Supreme Judicial Court of Massachusetts holds, in the case of Stone *vs.* Heath, that the board of health of a town can not be restrained, either under the general equity power vested in the Superior Court, or otherwise, from entering on premises where it has adjudged that a nuisance exists, and abating the alleged nuisance, if the owners of the property do not abate it as ordered, and that it can not be restrained from instituting proceedings against such owners on account of their failure or neglect to comply with the order of abatement. The jurisdiction conferred by the statute, it says, is summary in its nature, and the objects to be attained by its exercise would be defeated in many, if not most, cases, if the orders of boards of health were subject to judicial examination and revision at the instance of parties affected by them before they could be carried into effect. The decision of the board of health is not, however, in such cases final and conclusive to all purposes in regard to the parties interested on the question whether the thing complained of was a nuisance. It establishes, for the time being, that there is a nuisance, and those who act under the orders of the board of health in abating it are protected thereby while engaged in the performance of the duty thus imposed. But they act at their peril if it turns out in subsequent proceedings that there was in fact and in law no nuisance. And the question whether there was a nuisance, or whether, if there was one, it was caused or maintained by the parties charged therewith, may be litigated by such parties in proceedings instituted against them to recover the expense of the abatement, or may be litigated by the parties whose property has been injured or destroyed in proceedings instituted by them to recover for such loss or damage, and may also be litigated by parties charged with causing or maintaining the nuisance in proceedings instituted against them for neglect or failure to comply with the orders of the board of health directing them to abate the same. A board of health having adjudged that a nuisance exists, the question of what influences or motives may have set the board in motion, the court holds, is immaterial.

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BEST IDEAS FROM RECENT LITERATURE.

Danger of Copper Sulfate in Eye Cases.

Dr. Cornelius Williams, in the *Medical Record* of September 21, 1901, deprecates the use of copper sulfate in diseases of the conjuctiva and cornea, maintaining that their use has ruined many more eyes than it ever helped, and that there were other and safer remedies capable of doing all the good this salt possibly can. Weak silver nitrate solution, together with mild bi-chloride in normal salt solution, is most useful in trachoma and the treatment of all corneal lesions, and should be accompanied by the use of a mydriatic.

The Danger of Adrenalin in Eye Diseases.

Dr. Henry B. Lemere, of Omaha, Nebraska, in *American Medicine* of October 5, 1901, cautions against the indiscriminate use of adrenalin in affections of the eye. The danger consists in intensifying already existing congestions in the deeper structures of the eye due to the intensified contraction of the superficial vessels induced by the drug. He instances two cases of iritis that were progressing favorably until instillation of adrenalin for the control of conjunctival trouble, causing aggravation of iritis with entailed adhesions. Corresponding dangers threaten when there is heratitis and corneal ulcer, or any other of the congestive or inflammatory conditions that may exist in the deeper structures of the eye. He adds that efficiency of adrenalin is enhanced by the additional use of some simple wash, such as boric acid or sodium borate solution.

Tapping Hydrocephalus and Adding Aseptic Air.

In the *British Medical Journal* of September 7, 1901, Drs. Ewart and W. L. Dickinson reported two cases of chronic hydrocephalus in infants. These they treated by tapping and replacing the drained fluid by means of septic air. Two Southey's canulas with India rubber tubing were employed, one to let in the air as the other drew off the fluid. The one carrying air had its end in sterilized cotton wool through which the incoming air was filtered. The punctures were made in the anterior fontanelle, the outflow of fluid being regulated by a screw or a valve. The operations were eminently successful.

A Maryland Mother at Eleven Years.

In the *Maryland Medical Journal* of October, 1901, Dr. L. M. Allen reports the case of a colored girl, eleven years of age, whose menses first began at the age of ten years and three months. Conception took place at ten years and eleven months, and her child was born at eleven years and eight months. The labor lasted a little over fourteen hours, and the placenta was removed artificially one-half hour after the birth of the child, which was well developed in every respect, and weighed 3,265 grammes. A peculiar feature of the case was that the labor was attended with very little real or apparent pain, the little patient seldom uttering a sound during the entire labor, even while the head and shoulders were emerging.

Dr. Allen calls attention to the extreme rarity of such early maternity in this country, and remarks that it is even an uncommon occurrence in Egypt, India and other tropical countries, where marriages are often consummated that early in life, and where menstruation begins as early as the eighth year.

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Silver Nitrate on Inflamed Mucous Membranes.

However, as an astringent to the mucous membrane of the nose, the extract of suprarenal capsules or its newly discovered alkaloid, adrenalin, is the most powerful known. The alkaloid is active in the strength of one to ten thousand parts of water, and within sixty seconds after its application blanches the nasal mucous membrane to a creamy white.

Whether the irritant or sedative effects of silver nitrate predominate, depends largely upon the character of the epithelial layer of the mucous membrane to which it is applied. If a sixty-grain solution be painted upon the posterior wall of the pharynx the irritating quality is manifested and produces discomfort, persisting for some time. If, however, this solution be painted upon inflamed tonsils and the inflamed lateral wall of the pharynx, the primary irritant qualities of the nitrates are scarcely perceptible, and the procedure is followed by a sense of great relief and comfort. Painting the lateral walls of the pharynx with a sixty-grain solution, two or three times a day, is one of the best methods of aborting acute pharyngitis and tonsillitis. The reddened parts are at once blanched, partly as the result of the astringent effects of the silver and partly as the result of the formation of a closely adherent organic compound of the silver. The sedative effects of the application are so marked that the patient is usually able to at once swallow without much discomfort. The posterior wall of the pharynx should then be painted with a twenty-grain solution of protargol. This treatment, if repeated twice or thrice a day, for two or three days, will in a large proportion of cases abort phlegmonous tonsillitis.—*Dr. E. B. Gleason in Therapeutic Gazette.*

Thirty-four Abdominal Operations Without Narcosis.

With a 1 per cent. solution of cocain or occasionally with Schleich's infiltraton anesthesia, Schmitt performed thirty-four major operations on patients whom he deemed too debilitated to bear general narcosis. He found that the pain was comparatively slight. Traction of any of the abdominal tissues causes the patient pain, but the parietal peritoneum, the stomach, intestines, omentum and bladder can be incised and grasped in forceps without pain. Strange to say, two of the ten patients on whom gastro-enterostomy was done, succumbed to post-operative pneumonia, although thorough precautions were taken in every case to avoid chilling the tissues. It suggests the possibility that cocain, or any anesthetic, is in itself liable to induce pneumonia. This assumption, however, is disproved by the assertion that pneumonia does not follow operations on goiter, etc., although as much of the anesthetic may be used as for an abdominal operation. The true explanation is probably the debilitated condition of the patient combined with some latent affection of the air passages.—*A. Schmitt, in Muenchener Med. Wochenschrift, July 16, 1901. Journal Am. Med. Association.*

On Milk Digestion.

1. Dilution of milk with cereal decoctions of proper strength renders the casein curd much more fine, soft and digestible than simple dilution with water. There is no difference in the action of various cereals, such as barley, oats, rice and wheat.

2. The above property is due mainly, if not wholly to the starch in solution, the most desirable amount of starch in the milk mixture for practical use is approximately ¾ per cent.

3. Diastase, by converting the starch to dextrin and maltose, promptly lessens and removes the action of cereal waters upon casein. Its addition therefore is not a practical measure when the action upon the curd is desired.

4. Albumen water has no practical value as a diulent of milk.

5. Lime water added to milk has no more effect than water upon the character of the curd produced in the animal stomach.—*Franklin W. White, M. D., in Jour. of the Boston Soc. of Med. Science.*

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Bitter Arraignment of Army Methods.

Dr. Reed on the Present Status of the Medical Corps—Degraded and Without Authority.

Dr. Charles A. L. Reed, of Cincinnati, the retiring president of the American Medical Association, was given a banquet at Marion, Ohio. In the course of his remarks on pending Congressional topics, viewed from a medical standpoint, he said:

"It seems, from evidence that has recently come from within the army itself, that the Medical Department has not only been degraded, but that it is practically without authority. This was strikingly, indeed, tragically, illustrated during the recent war. A commandant was in charge of a quarter of the entire army. His command was made up of the flower of American manhood, and was encamped at a health resort. He, however, in violation of the precedent of the usually cultivated and competent gentlemen of the line, but acting under the permission of existing army regulations, not only set aside recommendations of his sanitary officers, but by personal example incited his men to violate the most fundamental sanitary laws. The result was what might have been expected. Of the more than 50,000 men in his command, 12,000 were invalided, while nearly 1,000 died from preventable causes. If in an active military operation the commandant had ignored the advice of his scouts, and had led his command into ambush with similarly disastrous results—12,000 wounded and 1,000 killed—he would have been court martialed, and, doubtless, dismissed from the service. The regulations, however, I am advised, fix no responsibility for this parallel calamity, the enormity of which is only beginning to be understood. It is not surprising that efforts have been made to suppress knowledge of it.

THE FACTS SUPPRESSED.

"I am advised that the Army Investigating Committee, in the interest of public decency, omitted from its public report much testimony on this phase of the conduct of the war. An officer in the service who to-day agitates this unsavory subject is banished to the Philippines. No wonder the Surgeon General cannot fill the sixty and more vacancies now existing in his corps. Self-respecting medical men are not offering themselves for a degraded service, that is dominated by gag law and tyranny. But such methods must fail. It will not do to cry, 'Out, out damned spot!' It will not out. We of America may blush, but the scandal is ours. The Congress, at the present session, is to be asked to intervene in this matter—a matter that appeals to every soldier, to every home that furnishes a soldier, to every patriot that is proud of the army, to every citizen that is actuated by the ordinary impulses of humanity. The agitation cannot stop until the responsibility is fixed for the enforcement of a regulation, under the present terms of which the bumptiousness of an accidental and incapable commandant may, with impunity to himself, deprive an entire army of the benefactions of science."

Study of Burns.

The subjoined study of burns, which we take bodily fron the *Peoria Medical Journal*, is worth reading and saving.

From a very lengthy and exhaustive consideration of the above subject by Dr. Frederic Griffith in August 24th issue of the *Medical News*, we glean the following pointers:

Burns of the throat and nasopharynx are common and always of serious import.

Scalding from hot vapors or fluids, when severe, cause rapid edema of the mouth, nasopharynx and the larynx as low down as the vocal cords, followed by gradually increasing dyspnea, until asphyxiation causes death.

Cases which are stated to have died from inhalation of flame have really been asphyxiated by smoke, noxious gases of combustion, or mechanically suffocated by direct action of the flame.

Carbonaceous matter in the mucous contained in the larynx and trachea proves the inhalation of smoke.

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Lime burns, acoording to Dr. Posey, are the most common and most severe burns of the eye. The danger lying in the quick chemical change which takes place, accompanied by high heat.

Serous inflammation is more common than mucous inflammation after burns.

Burns on front of the body, according to Heath, are more serious than over the back.

Extent of area is more important than depth of injury.

Over large joints, serous cavities or the bladder burns are especially capable of producing great internal reaction, as the internal organs must take on the action of the destroyed skin. A burn over the belly is often followed by peritonitis or enteritis.

Abortion and labor may be caused by burns over the abdomen, producing bullae upon fetus, or its death.

Inflammation of the lungs, pleura or bronchi are common in burns over the chest.

Tetanus is a complication of burns, much to be feared.

The pathology of burns is the pathology of inflammation of the part locally affected, with almost all the morbid changes possible in the complications arising therefrom. A severe burn can open the way to the onset of many diseases, both medical and surgical, each fatal to life.

The first action of heat is to stimulate sensory and paralyze vaso-motor nerve filament, causing pain and hyperalmia. This reaction may, of course, be instantaneously lost in severe burns where nerve trunks are involved and conduction thus lost.

The fluid contents or blebs or vesications is not serum, but serum plus fibrin ferment which in a few days if left alone causes an albuminous coagulation. Formation of this ferment is the cause of rise in the body temperature, and may give rise to (non-bacterial) systemic poisoning.

Fluid and semi-fluid particles may both be absorbed from a burned area although, following the formation of granulations little absorption takes place.

The mass of eschar after a burn may be thrown off in either one or two ways, namely, (1) by a demarking inflammation with little discharge which can be absolutely aseptic. Complete charring forms tar-like products of distillation, which are unadapted for infection of micro-organisms. The mass shrivels, mummifies and is cast off finally as a dry slough. (2) Infiltration of the slough due to activity of micro-organisms lying in depth of skin and thus escape the heat's action ; or due to those which wander in afterwards.

A poison develops where action of these bacteria causes yellowish, greasy pulp to be thrown off in shreds and layers, which is of great virulence. Putrefaction goes on, with water formation, the moisture extending into the tissues beneath where these elaborated poisons are carried into the general system.

Deep burns are relatively less dangerous than those superficial burns which produce white eschars. Over a given area a scald or a flame scorch will cause less destruction than does fire, while molten metals burn deepest.

Death and internal complications Fenwick holds to be due to alteration in shape and diminution of vital properties of the red blood-corpuscles, thereby causing thrombi and stasis of the lungs, kidneys, brain, etc.

Convulsions are often the symptomatic cause of death in children, owing to their greater nervous susceptibility.

Grave import is imputed to the presence in the urine of pyripin, etc., following bad burns, and their action under such circumstances where the function of the internal organs is to take on the extra work of the destroyed skin.

The course of a burn is of importance to the surgeon from its very inception, as he has to deal not only with a local wounding but with constitutional reactions as well.

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Shock, according to Shrady, is a jar to the equilibrium of the entire sympathetic system, of which mere pain is oftentimes an insignificant part. Through mediation of the medulla oblongata and pneumogastric nerves causes enfeeblement of heart's action. Shock kills one-half of all fatal cases of burns. Pain, fright and loss of body heat are factors in fatality.

The period of depression following these injuries varies from one to forty-eight hours, during which time the patient may be moved without harm. The period of reaction lasts from ten to fourteen days, characterized by elevation of temperature and internal congestions.

Vomiting in a burn case soon after admission is considered in London Hospital axiomatically an indication of death, according to Fenwick.

Ulceration of the duodenum is considered a frequent result of burns in children, death frequently occurring from hemorrhage.

The indications for treatment of burns are to *prevent mechanical irritation* and allow granulation to go on unhampered.

Oily applications to burns have the disadvantage of becoming rancid and dissolving otherwise aseptic sloughs which are dry from charring, and allowing infection to take place through the sloughing mass. Dressings become saturated and dry with a crust which causes irritation of the wound surface.

Sealing up a burn wound is not a wise procedure.

Dusting powders of all kinds are as foreign bodies to burns, and prove their irritant properties by the amount of discharge they cause.

Perfect healing of a burn wound can be obtained by securing protection for the granulations. There will be no danger of distortion of the scar or loss of function from contraction.

The greatest danger to a burn wound is from infection. Common wound principles should not be neglected.

Air is not an irritant to a burn. A pus-soaked gauze or cotton dressing is infinitely more of one. The only danger arising from uncovering large burned areas is from loss of body heat before constitutional reaction has set in. Burns should not be "filthy" affections. We should strive for the aseptic ideal. The earlier a burn can be dressed the better the result. Household remedies should not be used. Friends can do most by simply cutting away the clothing about the burn, and covering it with a piece of waxed or oiled paper.

To treat such a wound properly cleanse, puncture blisters and trim away all detached fragments. Also as much of burned subcutaneous tissue as possible; even with curette if necessary. Anesthetics may be used if necessary, if shock is not too great. All burned tissues cannot be removed at one dressing. Inflammation must assist, but we now know that aid of pyogenic organism is not necessary.

Applications must be non-irritant and antiseptic. In hydrogen dioxide we have the ideal wound cleanser. A three per cent. solution is equal in power to a one to one thousand bichloride solution.

Clearing up of the wound is to be followed by washing it, by means of syringe, with a solution of hydrogen dioxide, one part to six of distilled water. Many times a full strength solution may be used without causing pain, but routine treatment had better be commenced with weaker solutions. Much dead tissue can thereby be dislodged and washed away.

When foaming has practically ceased commence the dressing of the wound by applying all over its surface and well over the edges two sound skin strips of rubber tissue, in size about one-half to three-fourths of an inch wide by three or four inches long; each strip to overlap the previous one laid down by a small margin. Rubber tissue is now made membranous in quality, and it is this form which will lie best and cause least irritation. A few layers of loose sterile gauze is to be fluffed over the tissue, and the whole held in place by a gauze bandage or by means of two or three narrow adhesive strips.

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To secure perfect rest place the part in best position to obtain muscular relaxation. Splints for retention and support, well padded and held to part by adhesive plaster, and over all a muslin bandage.

No pressure must be allowed upon forming granulations. Irritation will result.

Amount of discharge will determine the number of times a burn should be dressed.

Keep separated parts liable to unite, such as fingers, toes, etc., etc.

Carbolic acid burns should be treated at once with alcohol, pure or dilute. Where used in the stomach lavage should follow.

Sun ray burns before vesication cannot be better treated than by the application of Dr. Wood, as follows:

℞ Vinegar or dilute acetic acid . . fl. ℥i.
Glycerine . . . . . fl. ℥i.
Bismuth subnit. g.s. ad to paste.
Sig.—Apply to burned parts.

Skin-grafting is an important adjunct where large areas of skin have been denuded. In this it is best to use the rubber tissue as a protective and to retain the salt solution.

Constitutional treatment should be begun by placing the patient in a well-warmed room, in a bed screened to prevent drafts. Combat *pain* by the use of opium, but not necessary to reach the therapeutic limit of the drug. Perhaps one-fourth or one-half grain morphia as first dose. Cocaine is the antidote to opium. Heat to promote reaction when necessary. Hot drinks, such as brandy, etc.

Liquids should be given with care; thirst best quenched with cracked ice. Strength should be kept up by rectal feeding. Give attention to bowels and bladder. Beware of setting up a diarrhea. For uremic symptoms, produce diaphoresis.

Hopeless cases may be put in the continuous Hebra water bath, or burned parts wrapped in rubber tissue or oiled paper, etc.

The following is the author's

SUMMARY.

Burns are the commonest of injuries and of all wounds they are treated least in accordance with now universally taught and accepted surgical principles.

Burns may be divided into two degrees of severity; burns of the first degree involve the skin only, those of the second degree include all others.

The pathology of burns is the pathology of inflammation of the part locally affected with almost all the morbid changes possible in the complications which result.

Early death and internal complications after burns are due to direct action of heat, with fragmentation and vital change in the blood-corpuscles; later effects are due to infection taking place from the burned area.

The condition of the granulations during the healing of burns is the determining factor in the amount of contraction and subsequent deformity which takes place. The greater the friction caused by irritation from whatever source, the larger will be the granulations, the greater the amount of connective tissue and the greater will be the contraction.

The local treatment of burns from the earliest times has been along the lines of prevention of irritation, but the late advances made in wound treatment have not been followed out in these.

The burn wound should be cleansed of as much dead, burned tissues as possible; the thoroughness with which this clearing away of the eschar is done will determine in a great measure the amount of future discharge, and the presence or absence of infecting organisms.

Hydrogen dioxide to wash away the debris and render aseptic the denuded parts is the best antiseptic at our command; rubber tissue in strips should be laid on the wound to prevent contact with the absorbent dressing.

The use of splints to secure relaxation and retention in obtaining rest for a burned part is of great importance and is

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as much indicated in this form of injury as in fractures of the contiguous bones.

The internal treatment of burns is stimulative until reaction from shock has taken place, when it becomes supportive.

Opium fulfils the indications for pain, internal inflammations and diarrhea.

The bowels and kidneys must be continuously kept open, but enemas only should be employed.

Watchful attention must be paid for early signs of internal complications of the viscera.

New Ideas.

Death of Physician Who Originated Present Life-Saving Service.

Dr. William Augustus Newell, who died at his home in Allentown, N. J., recently, at the age of eighty-two years, was the originator of the life-saving service of the United States. It was he who conceived the idea of shooting a life line from the shore to a stranded vessel. This was the initial step in the establishment of the service, and from it has grown the thoroughly organized system by which more than 100,000 human beings have been rescued from death and many millions of dollars of property saved. Dr. Newell, then a member of the National House of Representatives, secured the first appropriation of $10,000 in 1848, for a life-saving service on the New Jersey coast. With this money life lines, surf-boats, and the more crude appliances were provided. The system has grown until now there are 269 stations along the shore lines of the United States. Of this number, 194 are situated on the Atlantic and Gulf coasts, fifty-eight on the shores of the great lakes, sixteen on the Pacific coast, and one at the falls of the Ohio, Louisville, Ky. Dr. Newell was born in Franklin, Warren county, Ohio, on September 5, 1819. His ancestors were from New Jersey, and medicine was the prevailing profession of the family. He graduated from Rutgers College in 1836, from which he afterward received the degree of LL D.; he took his M. D. in the medical department of the University of Pennsylvania in 1839. He was elected to Congress in 1846 as a Whig, and served three terms. He was elected Governor of New Jersey for three years in 1856. He was again elected to Congress in 1864 as a Republican, serving one term. In 1877 he ran for governor against George B. McClellan, but was defeated. When John Quincy Adams fainted in the House of Representatives he fell into Dr. Newell's arms, and was attended by him until death, thirty-six hours later. Dr. Newell attended Willie Lincoln during his illness, and rendered other professional services in the White House.—*New York Medical Journal.*

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The Value of a Good Nose.

It should be remembered that the basis of all perfumes is an essential oil of some kind, derived either naturally from flowers or leaves or artificially by a synthetic process, says *The Lancet.* In either case the essential oil is a powerful antiseptic, and possesses disinfecting properties not less in degree than those of carbolic acid itself. As is well-known, the essential oils absorb atmospheric oxygen, forming an unstable compound easily lending oxygen for the work of purification. Pine oil, eucalyptus oil, and turpentine act readily in this manner—a fact which probably accounts for the salubrity of the air of pine forests and eucalyptus woods. The use of scent by many women is excessive, and by men is looked upon as effeminate, yet the question naturally arises: As we study our environment to please the eye by color and natural effects, and to please the ear by musical notes, why should we not make similar endeavor to please the nose by agreeable and fragrant odors? Each sense may suffer offense, and there is no reason why each sense should not be equally defended in this regard. And the use of scent on the pocket handkerchief, which is where we commonly find it, is calculated to exercise a higher office than merely to please the sense of smell. The handkerchief may easily prove a source of infection, for it is made to be the common receptacle of secretions from the nose and mouth, and the employment of an antiseptic handkerchief is perfectly consistent with the dictates of common bacteriological evidences. The liberal use of scent on the handkerchief is calculated to make it antiseptic and to destroy the germs in it, owing to the action partly of the spirit of the scent and partly of the essential oils dissolved in the spirit. Before, therefore, we condemn the persons who use scent upon the handkerchief for practicing a foppish or luxurious habit, we should remember that they may actually be doing good to their neighbors by checking the distribution of infectious materials.—*Carl Seiler, M. D., in Scranton Tribune.*

The Use of Heat as a Means of Diagnosing the Presence of Pus.

According to Dr. K. Lewin, of Berlin, the application of heat, while relieving pain resulting from simple acute inflammation, is found to have exactly the contrary effect when suppuration is present. Dr. Lewin has applied this observation to the solution of the question of the presence of pus in cases of appendicitis. In ten persons attacked by appendicitis where Dr. Lewin applied hot compresses for one or two hours, eight were greatly relieved, while two found their pains increased. In all the former group a spontaneous cure resulted in the course of two or three weeks, while in the others, after persistent trial of medical treatment without result, operative interference became necessary, and pus was found in both instances. The author considers that in applying the test it is important to use no other calmative means, and to keep from the patient its meaning, that the effect of the application may not be modified by any dread of an operation.—*Medical Times.*

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Let every dawn of the morning be to you as the beginning of life, and every setting sun be to you as its close. Then let every one of these short lives leave its own record of some kindly thing done for others, some goodly strength or knowledge gained for ourselves.—*Ruskin.*

Doctor, do you realize the superiority of a scientifically constructed sterilizer like the Rochester Combination Sterilizer over common domestic vessels for sterilizing instruments, bandages, gauze, etc., with steam or dry heat? This apparatus was recently adopted by the Medical Department of the U. S. Army after elaborate laboratory tests of all apparatus submitted to them. For valuable scientific literature on this subject, and incidentally, also, a valuable telephone note-pad for taking notes of telephone messages, address Wilmot Castle & Co., 9 Elm Street, Rochester, N. Y.

The longer we live, and the more we think, the higher value we learn to put on the friendship and tenderness of parents and of friends.—*Dr. Johnson.*

For Gout, Rheumatism and Allied Disorders.

Lambert & Lowman, Howard and 12th Streets, Detroit, Mich.: I congratulate you on your happy combination—Lithiated Cascara Compound. I will quote a typical case: Male, age 50, obstinate constipation for months, dyspepsia, and a pronounced gouty-rheumatic diathesis. "Had suffered many things of many physicians," and was well nigh discouraged. The effect of Lith. Casc. Co. was excellent; constipation was gradually overcome, excess of uric acid eliminated, gouty-rheumatic condition cleared up, stomach "got a new set of teeth," and the enemy was routed all along the line." Yours,

J. FRANK LOCKE, M. D.,
Ex. U. S. Surg. for Pensions, etc.
Long Prairie, Minn.

There is no better vehicle for administering iodides, bromides, salicylates, morphia and other drugs that disturb the digestive functions, than Armour's Essence of Pepsin. This preparation may also be used to great advantage in making junket, as it possesses great curdling as well as proteolytic power.

Pulling Teeth Without Instruments.

An Indianapolis dentist has given up the use of forceps for pulling teeth and has adopted the primitive method of the Chinese, using nothing but his thumb and index finger. He considers that the sight of the forceps themselves is responsible for much of the harrowing part of tooth pulling, and that many nervous persons are greatly shocked by the sight of these instruments. The pain is also said to be less. He can take out the most firmly

(Continued over next leaf.)

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THE

Medical Council

A MONTHLY JOURNAL FOR THE PHYSICIAN AND SURGEON.

"WE FIND WISDOM AND STRENGTH IN COUNCIL."

J. J. TAYLOR, M. D., Editor and Publisher. | PHILADELPHIA, PA. | A. H. P. LEUF, M. D., Associate Editor.

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On the Use of Ergot in Labor and Pregnancy.

Ergot, like all other potent remedies, is a much-abused drug. It is the most powerful contractor of uterine muscle fibers of which we have any knowledge. There is no other one remedy so effective in controlling uterine hemorrhage. It has saved a countless number of lives in the past, and will do so for a much larger number in the future. That it has done much serious harm in labor is doubtful. It has been much more effective in this direction in inducing premature labor. Its action in arresting hemorrhage from the uterus is due entirely to compression of the tortuous arteries passing through the uterine wall, by the firm contraction of the surrounding musculature. Imagine, for instance, a slender rubber tube passing in and out between the fingers, and then consider these tightly closed in the form of a fist, and one can readily see how the passage of any fluid through such a tube would be almost impossible, regardless of the pressure used, for it would be easier to rupture the tube than it would be to force its contents past the series of obstructions. It is exactly in this way that ergot prevents uterine hemorrhage. Through a mistaken conception of the *modus operandi* of this drug, it is frequently used to control other kinds of internal hemorrhage. This is a mistake, for it is more apt to aggravate the trouble than it is to remedy it. It actually increases the flow of blood by causing more vigorous heart action, and a firmer contraction of the entire arterial musculature, thus raising the arterial tension, diminishing the caliber of the arteries, and, hence, the capacity of the arterial system, and necessitating a faster flow of the blood-current, which, in itself, is apt to aggravate the original hemorrhage. In no other portion of the body do the conditions exist for the arrest of bleeding in the manner in which it is done in the uterus. On this account it is safe to lay down the rule, that ergot is contra-indicated in all hemorrhages that are not of uterine origin.

The objection to the use of ergot in labor consists in its routine administration in every case after the head is born, as though nature was always unable to do the rest of the work, consisting, not so much in the expulsion of the body of the child, as in that of the after-birth, and the assurance of subsequent sufficient contraction to prevent hemorrhage. But nature is usually able to take care of herself in this regard, and ergot is only ex-

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ceptionally necessary. This is a fact that should be borne in mind, and our practice be governed accordingly.

The indications, or some of the indications, for the use of this drug during labor after the head has been born, would be where the labor had been sufficiently prolonged to sap the energies of the patient, and to cause a certain amount of uterine inertia, thus justifying the fear that the uterus might prove inadequate to properly do the balance of its work. One is also justified in its use in cases that have a previous history of post-partum bleeding; also in primiparæ whose mothers have had post-partum hemorrhage without a specially assignable cause, or who come from a family of bleeders. A generally weakened condition of the patient previous to her labor, would make the use of ergot a wise precaution, though often unnecessary, because in all such the vital energies may, at any time, prove inadequate to keep up the strain.

The drug has been used very largely by the laity for the induction of abortion or premature labor, and would be much more extensively employed than it is, were it not for the legislation that makes it difficult to obtain, for no druggist is allowed to sell it except on a prescription, and few will run the risk of violating the law, for fear that it may bring them into serious trouble. A fact not generally understood, even by the medical profession, and not even suspected by the laity, is that ergot is one of the most efficient means at our disposal for the prevention of abortion in the early months of pregnancy. At this time the body of the uterus is comparatively small, and the cervix long, thick, and hard. Whatever contractile effect the ergot has upon the body of the organ, is also exerted upon the cervix. We have often prevented threatening abortions by the use of this drug, and depend upon it more than upon any other means for this purpose during the first three months of pregnancy.

The use of the ergot for the production of abortion or premature labor, especially in the first half of pregnancy, is not without its dangers. In fact, unless there is some special tendency towards abortion, the drug is not likely to prove effective for this purpose except in doses that are actually poisonous and threatening to life. One of its greatest dangers, if used in large quantities, is the production of gangrene of the extremities from such extreme contraction of the arteries and arterioles as to prevent the sufficient flow of blood to the part to properly nourish it. Fortunately, however, large quantities of the drug often produce prompt contraction of the walls of the stomach, causing vomiting and the incidental rejection of the drug still remaining in the stomach.

It is well, therefore, to bear in mind that ergot is serviceable in arresting uterine hemorrhage because of the contraction of the walls of the organ, and that it has no such value in hemorrhages elsewhere, but that it, in fact, tends to increase all other kinds of bleeding; that ergot should not be used in labor as a routine practice; that it should only be employed when the condition of the patient, or of her womb, or her family or personal history, would indicate inability of her uterus to properly do the balance of this work; that it is one of the best remedies we have at our disposal for the prevention of threatening abortion, at least during the first three months of pregnancy; that it is likely to produce premature labor in the latter months of pregnancy, and should not be used at this time unless for this specific

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purpose; that its use with the object of inducing abortion or premature labor during the first half of pregnancy is not without danger to life from the effects of the drug as a poison.

The Value of the Cold Bath in Typhoid Fever.

Physicians who have been in practice for several decades, or younger members who have looked up the history of medicine, are fully aware of the fact that the profession is given to a running, herd-like, in grooves or ruts for varying periods, getting out of one only to leave it for another. The cold-bath rut seems to be congenial to us, though we have been in it and out of it again several times, the present being one of the times when we are in it. Some leading authority happens to recognize the salient advantages of the application of cold under certain conditions; forthwith puts it to clinical use, if not abuse; glowingly imparts his experiences with a natural enthusiasm for what he has done, thus brilliantly coloring all his results beyond their deserts; and is followed by a host of imitators, instituting a veritable craze that becomes instilled into the minds of the students of medicine, and is the accepted mode of treatment until some original observer, with sufficient enterprise and moral courage, gives it the logical setback that puts it where it belongs. Brandt was one of those enthusiasts. He revived the cold-water treatment of febrile conditions, not so many years ago, and was followed by a number of imitators, and his method has superseded most of the others in the minds of the new additions to our ranks.

The cold-water bath will, unquestionably, reduce temperature. It is, also, always a shock to the person to whom it is applied. If the shock is recovered from, as is usually the case, the patient does not appear to have been permanently, or even temporarily, injured. If recovery from shock is but partial, there is that much damage done, and the patient is so much less able to combat the disease. We, as physicians, thoughtlessly do too many things without considering the, *i. e.*, full effect upon the patient. We forget that we are to treat the patient rather than the disease, a fact that is overlooked in the usual employment of the Brandt cold-water treatment.

Typhoid fever has its peculiar clinical history, its physiology, which is just as natural to it as other well-known states are to the normal individual. The normal temperature is 98 2-5 or 98 3-5 degrees Fahrenheit. That of typhoid runs higher, gradually increasing, day by day, until it reaches its highest point, there to remain for a certain period, after which it gradually declines to a point a little below normal, to rise again to the proper level after a certain number of days. This temperature is higher in the evening than it is in the morning, and lowest in the intermediate periods. Now this is a peculiarity of typhoid fever, and we find it in no other condition. So are there other things peculiar to this disease that we find in no other, and which our readers all understand. Then there are the common symptoms peculiar to many other conditions. We see no more reason for attempting the reduction of the natural temperature in typhoid fever than there is in reducing the normal temperature of a healthy individual. In other words, fever is a normal condition to the typhoid patient during the progress of his disease. If the case follows a typic clinical course, we believe nature to be a better and far safer doctor than any individual can be. The pa-

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tient's condition is uncomfortable enough without being frequently and persistently shocked with a cold bath, after which he must react and again run up his temperature.

The cold bath is cumbersome, troublesome to administer without considerable help, and it is expensive. In short, the cold bath is difficult of application, and, therefore, less likely to be properly carried out than the simpler measures. The tepid sponge bath, gradually becoming cooler as the water that is being used falls in temperature, is, almost always, equally as effective in reducing hyperpyrexia as is the cold bath, and is not open to the objection of shocking the patient, and being difficult of administration. The sponging is, in fact, grateful and soothing to the patient, and is frequently looked forward to with pleasure and, sometimes, actual delight.

The cold bath, or the ice bath, has its uses, and, when actually required, has no successful substitute. Trousseau, the great French clinician, more than a century ago, had his enthusiastic, but nevertheless correct, opinion as to the value of the cold bath. Nothing equals it in point of efficiency and rapidity of action in cases of high temperature accompanied by delirium, such as we find in cases of sunstroke, or in the high fever and delirium of scarlet fever, accompanied by a recession of the rash. We have known patients to be carefully laid away in the grave after an attack of typhoid fever, who, in our judgment, might have lived useful lives for an indefinite period thereafter, had they been spared the wanton torture of the ubiquitous cold bath.

We would lay down the simple rule that a cold bath in any condition, especially if the patient is conscious, should not be used if sponging will do as well. And sponging should always be tried upon those who are conscious before an attempt is made to use the cold bath. We believe the cold bath to be injurious just in proportion as it is objectionable to the patient, and looked forward to by him with apprehension. It becomes an artificial complication of the disease, that retards convalescence and, sometimes, kills the patient. It is often an heroic remedy, that does well in thoroughly competent hands, but that presages danger, and possibly death, if applied by any other, and this latter kind, be it remembered, predominate in our ranks as they do in all others.

On the Treatment of Drunkards.

The problem of how to treat drunkards will not be solved until it is thoroughly realized that habitual drunkenness is a mental disease, for which the drunkard should be no more held responsible than is the epileptic for his recurring convulsions. These people, being unable to control themselves, can only be helped by being controlled by others. How to do this is the great question upon which very many split who are eager to mitigate this evil. A large proportion of these cases are periodic, and they would not become drunk again if they abstained entirely from the use of intoxicating beverages. Many of them do this for a certain length of time, only to yield to a gradually increasing pressure, after which its course is progressively more intense until it reaches the usual climax of complete, sordid, intoxication, followed by the usual reaction, remorse, and total abstention for another period.

Very many of these individuals are above the average in intelligence and in education. They appreciate the gravity of their position—the so-called disgracefulness of their conduct, the mortification

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of their family, and its expensiveness to themselves, as well as many of the other objectionable features with which such an unfortunate affliction is associated. But despite this vivid realization, they are unable to stem the tide when it approaches, they are helpless without extraneous aid, and how to give this most efficiently, is the great question of this social problem.

We venture the opinion that a permanent cure of these cases can only be effected by a sufficiently deterrent influence, acting continuously, to prevent them from ever again touching the enslaving potion, failing in which, physical restraint should inevitably follow. And to this end, we recommend, briefly, the following plan, somewhat similar to that of the ticket-of-leave system, so successfully practiced in Australia by the British government with criminals. This is to hold under physical restraint habitual drunkards in an intoxicated condition until they are entirely recovered from their debauch, after which they are to be returned to their families upon condition that they never again partake of any intoxicating beverage, and that they report in person, once a week, to some designated individual at a specified place as evidence that they are keeping their obligation of total abstinence. Failure to comply with this request should, inevitably, be followed by their apprehension and their detention for whatever may be the necessary period, should they again be found drinking. They should be subject to arrest and detention for the purpose of cure, if seen drinking at any time after once being discharged. Saloon keepers of all kinds should have their licenses immediately revoked, if they knowingly sell to such individuals. It should be the duty of a government, assuming this charge, to apprehend these obligation violators immediately upon receiving due notice of their delinquency.

It seems to us that drastic as this may at first sight appear, it can be made to work so smoothly that there would hardly be any friction. It does seem likely that if a periodic or habitual drunkard knew that the drinking of a single glass, or being noticeably under the influence of alcohol, would lead to certain rearrest and detention for as long a period as was necessary to effect a medical cure, the effect upon him would be sufficiently deterrent to hold him in check.

Formaldehyde Efficient in Diphtheria.

Dr. A. N. Blodgett, in the *Boston Medical and Surgical Journal*, calls attention to the great value of formaldehyde gas in the treatment of diphtheria. He uses a 2 per cent. solution of commercial formaldehyde, with which he saturates towels, that are subsequently hung about the sick room, while a sheet, similarly treated, is suspended across the entrance of the room. This is a cheap and simple treatment, can be used anywhere, and is certainly deserving of a trial.

Enteric Rest for Peritonitis.

Robinson, in the *American Journal of Surgery and Gynecology*, of April, 1901, speaks in glowing terms of the value of anatomic and physiologic rest of the entire intestinal tract in peritonitis. He speaks after ten years' experience, and, therefore, merits attention. Immediately upon the supervention of this affection, he stops all feeding by the stomach. He stills all intestinal activity by frequently-repeated doses of morphine, say one-sixteenth grain every two to four hours, and by the application of continued cold or heat to the abdomen. He slakes

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thirst by rectal enemata of water, and may moisten the lips with wet gauze, but the patient is not allowed to swallow anything, and ice is absolutely forbidden. Nourishment is *per rectum* with liquid foods. He applies the same treatment to appendicitis. We have, elsewhere, seen similar treatment recommended, by whom we do not now recall. But, in this instance, the stomach-contents were removed by siphonage to insure, with greater certainty, the quietude of the intestinal tract below.

The Proper Diet for the Easement of Labor.

We are, occasionally, in receipt of a communication asking us to indicate the diet that a pregnant woman should confine herself to with the object of making labor easier, of course, by lessening the growth of the child and retarding the development of its skeleton. This matter is often considered in other medical journals, and always in a way that would indicate that considerable could be done by modifying the food of the prospective mother. But we must say now, as we have done on other occasions, that there is little or no warrant for believing that these things are possible. The child has a way of abstracting from the blood of the mother, as it comes to hand, whatever it requires for the purpose of its own growth and development. If the mother's blood is poor in the things necessary to the child, so much the worse for the mother because the extra demand is made upon, and honored by, her own tissues, she thereby becoming the sufferer. Many a woman's troubles of nutrition begin after conception. If she has never had a bad tooth before, one or more may begin to decay, and they may go so fast that the best dental art cannot save them, though a timely abortion would. Sometimes the demand for lime salts are made upon her bones, after which she finds them unable to bear the weight of the superimposed parts, and they bend. There are times when the metabolic processes of the fetus are so deranged that a sufficient amount of lime salts are not deposited in its bones. Just as the demands of the child may deprive the mother of some of her essential proximate principles, so may they impoverish her system in almost any way, either direct or indirect. The presumption is, therefore, that the alteration of the diet of the mother with a view to starving the fetus, will fail of its object, and have no other effect than to make the body of the mother yield up to her prospective child that which rightfully belongs to her.

It seems to us that the only dietary for a pregnant woman, and the only question relating thereto, should have reference to building up her health and strength to the highest possible degree, so that she will be able to bear the strain of the coming event with the best possible preparation that nature can give. We may attempt other things, and we may imagine that we succeed, but all we accomplish in these things is to fool ourselves as well as the patient, and either never realize it or not until too late to be remedied.

Rest in Bed for Indigestion.

It is not commonly known, even in the profession, that rest in bed is an excellent remedy for intractable indigestion, but it is nevertheless so. There are many reasons for this, and we are pleased to enumerate some. Thus, rest in bed very materially lessens the demand of the organism for food, with consequent

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lessened strain upon the organs of digestion. We all know how active exercise after eating hampers digestion, and often causes belly-ache and palpitation. Animals lie down after eating a hearty meal so as to reserve all their nervous energies to the single purpose of converting the apprehended and masticated food into fit form for assimilating into the blood-current, and its distribution to the tissues at large for final consumption and metabolism. But we, with our higher intellect, our extraordinarily enlarged capacity for abstract as well as material enjoyment, together with the ever-present necessity, at least with most of us, of laboring for sustenance, necessitate a restless and persistent activity, either in the effort to add to our capital or to enjoy ourselves. In other words, we are loath to aid our digestions by keeping quiet for an hour or two after eating a hearty meal. Rest in bed overcomes this.

Worry of any kind, and the various excitements we are subject to, materially retard digestion, almost all of which are held in abeyance when one is confined to bed. Other reasons will occur to the reader that it is hardly necessary to enumerate, and we leave these to him.

A Pointer in Throat Examinations.

Pediatrics, for December, 1901, describes and illustrates a novel, simple, and yet ingenious method of examining throats by reflected light, in the most homely way imaginable. The method consists in holding a lighted candle in front of the concave bowl of a tablespoon, the two being separated by the intervening index-finger. These are held in front of the child with the one hand so that the light is reflected from the bowl of the spoon toward the child, and back into its throat, while the tongue is being depressed with the other hand by the examiner.

How to Avoid Noises that Injure the Sick.

One of our contemporaries was asked a short time ago to name a drug that would obtund the sensibilities of the auditory nerve for a certain length of time, so that the usual noises incident to city life at night would not be heard by the patient. When we read the query, we did not know whether it was a joke or meant in earnest. The editorial comment on it, however, indicated that it was taken seriously, as we supposed it must have been intended, for the reply named a number of drugs, all supposed to have a sedative effect upon the auditory nerve. It is common, in passing through some streets, to see the pavements strewn with a layer of tan bark several inches thick in front of, and extending for several house fronts on either side of, the patient's residence. Some patients are taken to the country to avoid these noises.

We vividly recall an incident in our own experience, in which the dripping of water from a defective hydrant faucet in the back yard, made sleep impossible, not only for ourselves but our neighbors as well, during a hot summer's night. The situation was sufficiently trying to our inventive faculties to prove the stimulus of interest that is said to be the mother of invention, and we forthwith hit upon the extremely simple but ingenious conception of putting cotton in our ears. That settled the drip, and let us go to sleep, and there was no further trouble. Curiosity led us to look up quite a lengthy list of literature to note what suggestions had been made to overcome the irritating effect of noises upon

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patients, but nowhere did we ever find mention of this simplest, but most effective and easiest, of applications of all remedies for this evil.

We, therefore, offer it to our city brethren for what it is worth, and suggest that it is a far better procedure than instilling extra doses of medicine into an already overburdened, and possibly rebellious, stomach. It is also less expensive than the spreading of tan bark over a section of the street, which, despite its expense, fails to modify many noises, for instance, the vociferous small boy and the clanging of the trolley bell.

We should like to hear from any physician who has had actual experience with any of the so-called "Schools of Science" that are advertising from various cities in the public magazines and newspapers, setting forth the marvelous things that can be done by their graduates with hypnotism. Our observation of them has not been favorable, yet we may have been mistaken. We would like to publish any *bona fide* experiences that our readers may have had.

A Night Medical School.

The *Interstate Medical Journal* of November, 1901, contains a paragraph in its "Editorial Comment," entitled "A New Medical Night School," in which it refers to a medical course established at Temple College, Philadelphia, five years' attendance upon which, together with the passing of a satisfactory examination, entitles one to the degree of M. D. Sessions are held from 6.45 to 9.45 P. M., daily, except Sunday.

The burden of the comment to which we refer is to decry this mode of medical instruction as being decidedly detrimental to the efforts now being made at securing a uniformly higher medical education. This is the gist of the long paragraph, which is backed up by the usual arguments upon this side of the question, and which is not necessary for us to name in detail. We mention this position of our contemporary for the purpose of emphatically disagreeing. Much of the medical education of to-day is absolutely unnecessary for the proper qualification of the intending physician to practice his future profession. The whole effect of the lengthened curriculum, now existing in the colleges claiming to be doing so much for the higher medical education, is to strain the memory of the students, and leave less time than ever to train their *understanding* and their *judgment*, particularly on practical clinical lines. Twenty-five years ago men were turned out of medical college sounder thinkers, healthier reasoners, and more hard-headed, practical men at the bedside than they are to-day from our greatest medical colleges, though they had not *memorized* as extensively as do the present graduates.

We want to say that much of the effect of this so called higher education is to weed out some of the most vigorous material that can be added to the profession. We want to say, right here, now, before we forget it, that the kind of men who are willing to work hard all day long to make a living for themselves, and often for others, too, and then attend a course of lectures for three hours every night, and thereafter burn the midnight oil, as well as study all day Sunday, for the long period of five years, so that they may enter a profession, are men who are going to make themselves felt in their chosen work. They are men who should be given every possible opportunity to reach their goal, and it is decidedly not to the interest of medicine that they should be

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shut out from all possible connection with it. We believe in a fair field for all and special favors to none. Some of the greatest lights in the medical profession were men who were seriously handicapped by a defective preliminary education; yet who, nevertheless, made up this deficiency, as far as it was necessary to the doing of the highest grade of effective work in their chosen field. It is the men with vigorous intellects, whose minds have not been strained from early childhood up to twenty years of age, who are able, in later life, to attack the problems of the age with a virility that the worn-out and over-exerted minds of those commonly assumed to be more fortunate than others are unable to muster. We want all the health, vigor, ambition and enterprise in the profession of medicine that it is possible to inject into its ranks. But to limit admission to it to those alone who have the means to take a full college course in arts and a lengthy one in medicine, without being obliged to earn a cent in all this time, is to limit it to a set of individuals whose efficiency and industry will average far below what it has ever done before, and will shut out from it the fresh vigor that has been the main cause of its advancement in the past.

We could say a great deal more upon this subject, but deem it unnecessary, and are satisfied that we have the best thinkers of the profession on our side in this matter. We think that Temple College has engaged in a great and good undertaking in affording any man, or woman, willing to undergo the necessary self-denials, an opportunity to enter, not only the medical profession, but that of the law as well. We venture the prediction that future years will show some grand results as the outcome of this now small movement. To those who think otherwise, we refer, for instance, to the magnificent work done by Columbian University, of Washington, D. C., which has turned out some of the very best men the country has to-day in their special lines of work.

We shall never favor an aristocracy of learning. If anything is democratic in this world, outside of nature herself, we find it in the arts and sciences, and we presume to say that all efforts to restrict individuals from obtaining a liberal education, who are willing to make inestimable sacrifices for it, will prove, as it should, a failure.

Doctor, the limited time you have for reading is too valuable to allow you to depend upon stray sample copies and commercial house organs for your regular reading. Select several good, enterprising, reliable scientific medical journals, subscribe for them and read them thoroughly. If THE COUNCIL satisfies your judgment in this regard, send your subscription at once, so as not to miss a single number of the volume.

Dr. Richard F. Lee, of Clinton, N. C., asks for series of practical articles on "Repair of Female Perineum" suitable for general practicians. We believe there could be no more useful article than this presented to the profession, and should be pleased if some one of our readers who has had special experience in this line would volunteer to present it in THE COUNCIL.

All strains are bad in that they tend to more or less permanent damage, and this whether psychic or physic.

Education of children is too much memorizing and too little development of the understanding.

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Longer Life.

The Actuarial Society of America promises the country a new set of mortality tables based upon the experience of the older insurance companies of the country since the tables now used were compiled. There is no doubt in the mind of anyone at all conversant with the facts that these tables will show a decided addition to the average length of life, and it is to determine the degree of this lengthening of life that has resulted from better modes of living and prevention of disease that the new tables are to be compiled. When this is done, insurance rates will have to be readjusted because the rate of insurance upon any policy, taking into consideration the life expectancy of the insured at the time he insures, is based upon the length of this expectancy together with the prevailing interest rate on first-class securities. How much this will amount to, it is at present impossible for anyone to even approximately estimate, but that it will be considerable, cannot be questioned. This prospect should not, however, induce anyone needing insurance to postpone this most important procedure until the new rates are fixed. This would probably require two or more years to become operative. Meanwhile, a great many will die, who, if they waited for the change, would leave those dependent upon them without adequate protection. This protection should be promptly secured, for children, as soon after birth as the company will accept them, and as soon after this as the better grade of insurance is available upon the attainment of a suitable age, ranging generally from eighteen to twenty-one.

Vaginal douches are of little use unless they are copious, say a couple of gallons at a time, with the patient upon her back.

Section of Fallopian Tubes Rather than Removal of Ovaries to Cause Sterility.

In many cases of abdominal section for the removal of the fetus at the end of pregnancy, especially in which there are conditions that make it inadvisable to allow another pegnancy to occur, such as an unduly contracted pelvis or bony tumors of the pelvis, it is customary to excise the entire uterus, together with both ovaries, and to guard against the occurrence of this condition, we simply want to suggest, in this connection, that a far simpler means of accomplishing the same object, without such extensive mutilation, consists in the simple tying of both Fallopian tubes. We do not deny that this may have been done by some thoughtful operator, and we claim no originality for the suggestion, but put it out for what it may be worth, and in the hope that it may be the means of saving many a woman her sexual life and instincts for the allotted period set by nature. Thousands of these unfortunates the world over have been thus unnecessarily unsexed with the laudable view of saving them from future dangers. Ligation of both tubes under the circumstances suggested would spare them this calamity, be less dangerous, and would be absolutely efficient.

Mammary cancers, some of them inoperable, have disappeared after removal of the ovaries, and this in women long after the menopause. The explanation is difficult, especially since the same results do not always follow.

Study should be a fascinating pleasure, never a task, especially in children.

Doctor, are you, as a member of the profession, doing your duty in the matter of reporting your experiences? In science, as you receive you should freely give.

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Original Articles.

The following articles have been written exclusively to the editor and readers of this journal. Other journals republishing any of these articles will, as a matter of professional courtesy, kindly give credit as follows :—*Medical Council*, Philadelphia.

Disorders of the Sexual Function in Man.—Syphilis.

By A. H. P. LEUF, M. D
Philadelphia.

[FIFTEENTH PAPER.]

Syphilis (Continued).

Duality.

Another question in regard to this remarkable disease is the old one as to its dual nature, a question which early in the last century became a burning one and continued so for many years. It seems to my mind almost incredible that there should still be any who believe in the dual theory. The dual theory of syphilis, briefly stated, held that chancre and chancroid were two different manifestations of the same affliction, with this difference, that the chancre, with its subsequent train of secondary and tertiary manifestations is the graft of this virus upon virgin soil, while the chancroid was its more virulent local action upon an individual who had been syphilized sometime previous, either in his own body or that of his ancestors. This was good enough theory in those days of defective knowledge, but is untenable at the present day. We now know that a chancre, the initial lesion of syphilis, may be so slight that it entirely escapes the notice of the individual who has it, and is often only found by the physician who carefully searches for it in his attempt to satisfy himself of the character and cause of the secondary symptoms about which he has been consulted. Inasmuch as the incubation period of syphilis is about twenty-one days and that of chancroid about one week, it is impossible. In fact, it often occurs, that a well-marked chancroid becomes engrafted upon a pre-existent chancre, the former having escaped notice, or having been considered too trivial to require a physician's services, is practically overlooked, while the latter, because of its entailed distress, causes attempts at relief, and is subsequently credited with the secondary symptoms following the slight primary lesion. Many have been the isolated experiments, by inoculation and otherwise, that seem to modify certain accepted views regarding this disease, but they prove nothing and never can. Thus, the great John Hunter, in the enthusiasm of his scientific zeal, deliberately inoculated himself with pus from a case of gonorrhea, which was followed in due season by well-marked syphilis. He, therefore, concluded that there was but one venereal disease, syphilis, and that the so called syphilis with its initial lesion, the chancre, and chancroid and gonorrhea, were all varying manifestations of the same causative factor. Concerning the trivial discomfort, if any, with many chancres, I want to also add that these are still more apt to be overlooked by dirty and careless people who seldom clean or examine the parts affected.

Early Eradication by Surgical Means.

Syphilitic infection seems to be very prompt. It is not halted in its progress by cauterization or excision of the site of inoculation, even within a few hours after its occurrence, the disease, in all such instances, inevitably progressing to the secondary stage in due time. Much, if not all, of the virus seems to be taken up and carried far enough away by the lymphatic vessels toward the nearest glands to be beyond the reach of local efforts at extermination. I have long ago held that the only way to eradicate syphilis in the initial stage was by the removal of the site of inoculation, together with the lymphatics extending thence to the nearest set of lymphatic glands, all of which should also be excised. I also held that it probably was not too late to do this after the nature of the local lesions had become fully manifest, but I did so then, or do so now, with the proviso that it should be at this very beginning, for, as we shall see later on, there is a possibility that we might have a local incubation period at

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the site of inoculation and another in the system at large. Just when this passes the glands into the general circulation is difficult to estimate, but we can only hope to eradicate this disease by surgical means if these steps are taken while still confined to the point of inoculation and the nearest set of lymphatic glands, together with the intervening lymphatic vessels. The subject of the eradication of syphilis by surgical means was discussed by me in a paper under that heading that was read before the Kings County Medical Society, of Brooklyn, N. Y., in May or June, 1885, and appeared in the *New York Medical Journal* of July 11, 1885. In this the method of infection from a local to a general one was discussed, and the suggestion above made for the first time enunciated, at least so far as I am aware.

Disease not Modified by Excision of Chancre.

The experimental excision of inoculation sites has often been followed by a relatively mild attack of syphilis, from which it has been concluded that the excision had a reducing influence upon the disease. This seems to me, however, a gratuitous assumption, and certainly not warranted by the facts. It takes no account of the possibility, even the probability, of coincidence. I may add that all experiments for the prevention of syphilis by cauterization or excision of the primary sore, or site of inoculation, prove nothing, even if followed by a mild attack of the disease. Nor would the non-apperance of the disease after excision of the inoculation site prove that the disease had been thereby prevented, for it is impossible to prove a negative. Syphilis may not have threatened such an individual, even if exposed to contagion. It is different, however, if the characteristic local sore has already developed, although even this would not be positive in a few isolated cases, for we are often in doubt as to the presence of syphilis, even in a case having what seems to be a well-marked chancre, until after the secondary manifestations. It is the recognition of this fact that makes many men deliberately forego the proper treatment of supposed syphilis until after the appearance of secondary symptoms. The only way in which we can hope to approach the proving of a negative is by means of cumulative evidence so overwhelming that the probabilities one way far outweigh those in the opposite direction. It is impossible to conceive that such an opportunity will ever be possible. The further discussion of this question, certainly most interesting, and to many minds actually fascinating, has, as yet, no practical value. It will, therefore, not receive any further consideration by me except in so far as it may really be necessary in treating the subject from a practical standpoint.

Immunity.

One attack of syphilis is supposed to usually give immunity for life against similar attacks. There are exceptional cases of successive attacks; of the one individual having had syphilis twice; having had a chancre followed by secondary lesions, and this succeeded by a variable interval amounting to years, followed by another chancre from exposure to contagion, and this again by secondary symptoms. The mere fact of a person having had one attack of syphilis, having no tertiary symptoms, and yet never getting a secondary attack, does not necessarily prove that the failure to obtain subsequent attacks is due to immunity in the absence of manifestations of syphilis, of which he is supposed to have been cured. In the first place, he may not have been subject to reinfection. In the second place, he may never have been cured of his original syphilis, it merely not subsequently manifesting itself. This latter proposition gains force in view of the fact that it takes a long time of constant perseverance to cure syphilis. Few of those who are careless enough to run the risk of this kind of infection are careful enough to persevere in the trouble required for its successful cure. So much for the negative side of this question. The positive side is much simpler.

A second attack of syphilis admits of no other conclusion than that the first

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was cured. If we do not accept this as a fact, we must give up some of the most firmly established general principles underlying the medical practice of the day.

Modifying Effects.

Race, occupation, age, sex, etc., have no effect whatever in modifying this disease, except in so far as they modify the processes of the body. Its manifestations are necessarily severer in those who, through a lower vitality, a natural feebleness, or the weakness of advancing years, together with its structural degenerating tendencies, are less able to resist its ravages. Contrary-wise, those who are in the opposite condition of vigorous moral health are better able to withstand its inroads, and combat it successfully.

Incubation.

The average incubation of syphilis is about twenty-one days. There are cases in which it has seemed to have been fully two and one-half months, and others a much shorter time. One reported by Hammond as short as three days, while Dr. Nott, of New York, who accidentally inoculated himself while operating upon a syphilitic, had a chancre developed at the site of injury at the end of twenty-four hours. I would also say, in this connection, that the incubation period is always decidedly shorter after direct inoculation, and by this I mean, if introduced into the deeper structures of the skin by means of a knife or needle point, deeper than when it is merely laid or rubbed upon the abraded surface. The general consensus of opinion, I may add, among those who are most competent to judge, is that incubation periods shorter than ten days are questionable. This would throw a doubt upon the one and three day instances of Nott and Hammond. Of course, I do not intend to doubt the veracity of these two observers, and particularly of Dr. Nott, inasmuch as this occurred in his own person, and at the site of direct inoculation of the day before. And yet it is possible that he might have similarly injured himself full thirty days previous to that time at the same place, and have forgotten it. A man of his large experience would be apt to often come in contact with syphilis more than once in a day, so that I, for one, am unwilling to accept this as conclusive, and I do not see how we can ever accept clinical evidence of this kind as trustworthy, because of the many uncertain factors connected therewith. Matters of this kind can only be positively determined by experimentation. But even this method is denied us in this particular disease because no animal is subject to it, with the possible exception of the monkey, upon which a French syphilologist, whose name I do not now recall, claimed to have produced a chancre by direct inoculation from a human being. Inoculations upon individuals are not considered by me for a single instance, and it is entirely foreign to the traditions of the past, as ours seems to me quite properly to be designated the noblest of all professions. To deliberately inflict anything like syphilis upon a fellow human being, no matter who he is or what he may have done, should ever be considered a crime.

(To be continued.)

2353 N. 17th Street.

[The subject of syphilis will be continued in the next paper and which will run through several issues. This will be followed by gonorrhea and its consequences, and then a final *resume*.—Ed.]

Sprinkling to Reduce Temperature.

Dr. S. Solis Cohen has for some time used sprinkling of fever patients for the reduction of temperature. The water ranges from 60° to 70° F., and is poured from an ordinary sprinkling pot. A rubber sheet is placed under the patient, with the head of the bed raised, and so arranged by folding that the water runs off from the foot of the bed into a receptacle. To this may be added rubbing with ice if the temperature is very high.

If we could inspire every doctor to report the special experiences of his practice, we would do more to improve medical science and to remove its fallacies than by endowing a college.

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Constipation--Some Observations.

By J. C. ELSOM, M. D.
Madison, Wis.
Prof. of Physical Culture, University of Wisconsin.

The object of this article is to offer some practical suggestions concerning the very common malady, constipation, and to mention some treatment by means of muscular movement and gymnastic exercise; for it is certain that some forms of exercise favor peristaltic action, and give a considerable degree of massage to the abdominal organs which seems to have a most beneficial effect.

First, let us recall some of the more common causes of constipation. Among these may be noted: (*a*) Mechanic obstruction, interfering with the passage of fecal matter; (*b*) Deficient peristaltic action of the muscular coat of the intestines. This is a frequent cause of constipation, and, as a rule, is brought about by lack of general muscular exercise. A sedentary life of any kind will favor constipation, as, indeed, will any cause that brings about impaired excitability of the nervous system; (*c*) Improper diet. The ingestion of astringent substances, the use of opium, etc., may be mentioned as frequent causes of constipation. In cases where the food is concentrated, there is too little bulk to stimulate the muscular activity of the bowels. A certain amount of fecal matter in the intestines acts as a stimulant to contraction, and consequent expulsion of fecal matter. Too little fluid also acts as a cause of constipation; (*d*) Certain mental states are well-known producers of constipation. Worry, overwork, and depressing emotions of any kind notably affect the bowels. Certain forms of melancholia act likewise; and constipation often seems to result from auto-suggestion, that is, the patient firmly believes himself suffering, and doomed to suffer, from constipation, and his thought turns to reality.

The symptoms of constipation are obvious to every practitioner; there is the sense of fullness in the abdomen, the foul breath, coated tongue, indisposition to exercise, sluggish appetite, heavy brain, clouded eye. Dr. Gulick, in writing on this subject lately, has said: "with nervous patients, it is very common to find the constipation influencing their feelings very largely, so that the blues are often to be associated definitely with constipation. It is an interesting fact to note that in diseases of the trunk, the feelings seem to be involved somewhat in proportion to the position of the diseased organ. Diseases above the diaphragm are far less apt to produce melancholia, worry, and apprehension than those below, and diseases in the lower part of the abdomen occasion more melancholy than those in the upper part."

In regard to the treatment of constipation, it is not the purpose of this article to mention the usual drugs, which, of course, are valuable. Certainly the diet must be looked after. The causes of the constipation, as far as known, must be first removed, and, in addition, the following muscular movements are recommended: (1) Possibly no exercise is better than horseback riding. The active movement, the open air, the exhilaration of spirit, and the mild jolting and consequent stimulation of the intestinal tract, all favor the relief of constipation. Walking perhaps comes next as an exercise, unless it be running; but as the latter cannot be prescribed in all cases, let us, by all means, see that our patients do regularly and persistently and energetically walk. Exercise to do any good must never be taken in a half-hearted way. Walking with an object in view is far better than purposeless wandering about. (2) All movements which involve bending of the trunk—either lateral, forward, or backward—favor peristalsis. Stooping, turning, twisting, the trunk in various positions, are all beneficial. Such movements may be performed in one's bedroom on arising as well as on retiring (and between times), and they do much good. Of course, when the exercise can be taken in the open air, so much the better. The announcement of the virtues of a certain patent medicine were heralded in the following headlines: "Ho! ye constipated!" and the story runs that the old doctor clapped his hands, and exclaimed: "Amen! If the consti-

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pated would only *hoe*, we wouldn't need so many pills!" Thus we may be led to recommend light gardening among our remedies for constipation. Certainly it is beneficial, if not always practical to prescribe.

In the purely gymnastic movements, the writer desires to recommend the following specific exercises, which have not only the advantage of giving a gentle kneading to the abdominal viscera, but also have the recommendation that they may be taken by all classes of patients, and in their own rooms.

Exercise 1.—Chopping movement. Stand with feet apart, and with a pair of one or two-pound dumb-bells in the hands. Bring both bells over the right shoulder, then swing down between feet vigorously, so as to bend sharply at the waist. Return to starting position. Bring the bells alternately over right and left shoulders.

Exercise 2.—With feet together, hands on hips, rotate the trunk from right to left, and reverse.

Exercise 3.—With feet apart, bend sideways to right, touch fingers of right hand on floor, extend left arm, and repeat the exercise to the left.

Exercise 4.—Lie on a mat, or bed, raise first the right leg, then the left, to a vertical position. Repeat the exercise, using both legs. Now fold arms over chest, and come up to a sitting position. Sink slowly down again. These exercises strengthen particularly the abdominal muscles, which, in most subjects, are not as strong as they should be. Well-developed abdominal muscles usually indicate vigorous digestion, and freedom from constipation. These movements should be given merely as adjuvants to other forms of treatment, and are simply illustrative of many similar exercises which might be prescribed. More attention to correct exercise, and less medication with cathartics, etc., is the moral which the writer would like to point out to his brethren who have the honor of following the great Æsculapius.

I am speaking all the good words I can for THE COUNCIL as the best friend of the busy practitioner who hasn't the time to wade through long, tedious verbosities to get at last to a very small island of truth. A. L. Blesh, M. D., Guthrie, Okla.

Constipation.

By W. O. BUNNELL, M. D.
Wilkes Barre, Penna.

Doctors who have a general practice in the cities are very often called upon to treat this condition as the modes of life lived by the city people cause this trouble.

Etiology.

This troublesome state depends on a number of causes. The most common one is a sedentary life totally devoid of the exercise, so necessary to keep the intestinal and hepatic secretions in an active state. Another frequent cause is simple laziness, which causes the patient to resist the call of the bowel for evacuation, until this part of the body becomes indolent and atonic. In women modesty often causes constipation, because the closet is publicly situated, so that she prefers to suffer, rather than to go when nature prompts.

Some cases seem to be hereditary, some due to a defective nerve-supply or deficient muscular tone. Some are caused by hepatic torpor, and some by the lack of secretion in the lower bowel.

In the treatment of this condition the first thing is that the causes should be sought for and if possible removed. Hygienic measures do more than drugs to relieve this condition.

Particular attention should be paid to the diet and the physiology of peristalsis must be well borne in mind. Peristalsis is almost entirely a reflex action, depending for its existence upon the integrity of the nervous plexuses in the intestinal walls. The vagus nerve when stimulated increases peristalsis, and moderate stimulation of the splanchnic nerves decreases it. So any impairment of the normal activity of these nerves must soon result in constipation, and the costive condition consequent upon hepatic torpor is due to the fact that the intestinal walls do not receive the proper stimulation from the bile to set in motion a reflex peristaltic wave, the result of which will be evacuation, as the bile is an intestinal stimulant, antiseptic and promoter of secretion.

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Treatment.

We must have a normal circulation of the blood, a free pouring out of the bile, to have a healthy peristalsis. Aside from drugs, we have a number of remedial measures which are to be resorted to according to the means of the patient.

Exercise.

The best one is horseback exercise for an hour each day, as the motion excites the abdominal viscera as no other measure can do. The next best is abdominal massage. The hands following the course of the colon, also applied to the hypochondriac regions. If unable to use the above measures, the patient must resort to gymnastic movements which involve the abdominal muscles, either by the use of the dumb bells, pulleys, Indian clubs, or bending the body forward, backward, and laterally, with fists pressed into the hypogastrium.

Diet.

At the same time the diet of the patient should be so regulated that the food shall contain a large amount of residue. The residue causes a stimulus to the intestinal wall as it slips over the mucous membrane. Vegetables give a large amount of residue, and are the best food for the patient. Meats give a very small residue, and should not be used. Milk is almost entirely assimilated and leaves no residue. So it is to be avoided above all things; green or canned corn, figs, apples, prunes, dates, cracked wheat and potatoes, are the best food. Berries are constipating. Drink a glass of cold water before meals, or still better a cup of hot water. Use no tea, coffee or strong drinks of any kind. The patient should form a habit of going to stool after breakfast, and in a few months a regular habit is formed. At first the attempt is abortive, yet it should be followed up until it becomes a regular habit, and once formed, will continue through life.

The Drugs Used

in treating constipation are of two classes, one class to unload the bowels, the other class, drugs which will so influence the intestines as to cause evacuation and normal activity, and will, in time, make a permanent cure.

Of the first class, we have the purgative salts, jalap, senna, colocynth, mercury, castor oil and rhubarb; of the second class, aloes, tamarinds, phosphate of sodium, podophyllin, buckthorn, (or rhamnus frangula), and the best of all, cascara sagrada.

Defecation is a normal physiological act, which must be continued daily through life, so the use of stimulating purgatives must be avoided, as they soon cause the bowels to get in such a state that they will only act when a purgative is given. The salines will simply unload the bowels, when excess of the fecal matter has accumulated. In pelvic congestion, sulphate of magnesium may be used as an enema, 2 ozs. of the salt, 1 oz. of glycerine, and 4 ozs. of water. In great plethora a course of Hunyadi water is of great service. Most of the other purgatives are astringent, and are constipating in the end. After the patient's bowels are unloaded, and they are taking the proper exercise, and using a full vegetable diet, put them on full dose of (non-bitter) fluid extract of cascara, or cascara cordial, as this drug alone moves the bowels, and at the same time tends to make future passages more easy and regular. The dose is 10 to 20 drops of the fluid extract, or 1 to 4 drachms of the cordial. This produces no griping. In young children that have a tendency to rickets, give phosphate of sodium, 5 to 8 grains, this is a very good laxative, and it may be used for adults, in doses of 30 to 40 grains.

In cases of flatulence of old people, a little asafetida, or capsicum should be added. If constipation arises from ovarian or bladder trouble, chronic lead poisoning, or reflex irritation, use a little opium, until the trouble is removed, then go on with the regular treatment.

Never use enemata, except for a temporary relief to unload the lower bowel, or to get rid of flatulence. Then only use a little castile soap in the water. Suppositories in most cases cause intestinal

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irritation. If exercise, and the proper diet, and a regular habit of going to stool are followed, and a few doses of cascara sagrada are given at the first of the treatment, it will not be long before the bowels will become active, and the patient will feel so much better, and will soon gain in flesh and strength, and the skin will change from a dark yellow to a warm red, and the patient will take a new lease on life, and will be very thankful to the physician for the balance of his life. This line of treatment I have used for years in hospital and private practice, with the very best of success.

27 N. Washington St.

Some Aphorisms on Small-pox.

By T. C. OSBURN, M. D.
Cleburne, Texas.

Proposition 1.—It is a *pathologic* fact, that variola is a typical self-limiting disease of the dermoid tissue; eruption appearing on the eighteenth day from the date of infection, which is preceded by a prodromic fever for forty-eight hours, the maculæ being at first stigmatic, then papular, then vesicular, and finally pustular, with a pit in the center of each pustule, and a decided areola around the base, if in the confluent variety, but with small conical tumors, without areola, in the discrete variety; ending in desquamation. In both forms the eruption begins on the face, at the edge of the hair on the forehead, and spreads rapidly over the rest of the body, terminating on the twelfth day of the eruption, leaving a pitted appearance of the skin.

Proposition 2.—It is a *pathogenic* fact, that variola is caused by a microbic germ of a specific nature, endowed with infection, passing from person to person by actual contact only—never atmospherically—no cases on the records of the profession have ever been stated to the contrary.

Proposition 3.—It is a *clinic* fact, that the bichloride of mercury stands at the head of the list of disinfectants, which, in the opinion of that able expert, Dr. Koch, of Germany, will exterminate all forms of germ life in a 1 to 250 solution. But he, like all other Europeans, used alcohol as the solvent; and he is, no doubt, correct in this estimate, but as that solution is hazardous to use as a general bath of the skin, the watery solution is, on the score of safety, undoubtedly more safe and satisfactory in its remedial effects as applied to the human body. As a dangerous toxine, the difference is as 6 to 26 in strength. But the danger is minimized when we are assured that the aqueous solution does nothing more than produce a mercurial ptyalism, and that only in cases of hereditary idiosyncrasy, or about one instance in ten thousand cases.

It is a *toxicologic* fact, that bichloride of mercury is hazardous to life when applied to the mucous tissue, but safe enough to use as a sponge bath when used only on the skin, in the form of watery solution, of *any desired* strength. But as the facial cavities—the eyes, nose, mouth and fauces—are sensitive to that solution, it is safer to use for expelling the colonies of the germs of variola, scarlet fever, and varicella—which are alike amenable to the same treatment—a free spraying or injection, of peroxide of hydrogen (Oakland) to expel the germs which are abundant, in the eyes especially, as may be seen by the instantaneous spurt of a profusion of albuminous froth, and which, if left in those cavities, will assuredly delay the abortion of the disease. Abortion is a reality if this agency is used in connection with the aqueous solution of corrosive sublimate. And I will add, that the strength of the solution is a matter of indifference, 10 per cent., or complete saturation, with, at most, two periods of application, ten or twelve hours apart. When this is well done the patient is at once immunized, and incapable of communicating the infection to any one else; and when the clothes, bedding, and room are well sprinkled with the solution, no fears need be entertained of any further spread of the disease. The idea of burying the corpse at night, and of burning everything infected, is absolute nonsense. But there will be no corpse if the rational treatment is admin-

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istered in the earliest stage of the disease. And even in the suppurative stage the treatment, as proved conclusively by my own observations, and by the experience of several other physicians, the disease has been aborted by the liberal use of the rational treatment.

Dr. N. Cass, of Cameron, Texas, and his host, Mr. Magehee, boldly applied the treatment to their own persons, and succeeded so well that the doctor, in the exuberancy of his feelings, declared that he would undertake, without charge, to cure any case of the small-pox, if caught from him, in forty-eight hours. He said this in the *Houston Post*, and in the *Cameron Herald*.

Dr. R. H. L. Bibb, as Chief Surgeon of the American Hospital in the city of Mexico, at my request, adopted the treatment in the case of a young Frenchman who was furiously afflicted with small-pox, so much so as to require two nurses, and bonds for his hands and feet, in the vesicle stage of the disease; and to his great and agreeable surprise, the disease was aborted in forty-eight hours. In the same chapter of the *Texas Medical Journal*, issued in November, 1899, he reported fifty-three cases so treated without the loss of a single life. And that other eminent physicians in the city reported two hundred cases under the rational treatment without the loss of a case. One of the surgeons tested the difference of the bichloride, with carbolic acid, and with ichthyol on the same patients, and the superiority of the former remedy was distinctly perceptible.

In Mexico small-pox has formerly been considered as domiciliated, and it seems to me there can be no wonder at that, since the main treatment of the disease, consisted in keeping the skin well greased, which, of itself, was certainly the surest, nay, the best, nidus for the germs to thrive and prosper upon. Is it wonderful then that the disease was attended by such a large percentage of mortality?

Dr. Andrews, of Floydada, Texas, wrote me that he had, by the rational treatment, aborted some cases of small-pox in his vicinity, and arrested the spread of the infection at once. Dr. Purdy, of Kuttaway, Kentucky, wrote me that he had aborted the disease when flushed with pustules, in the case of a convict admitted to the penitentiary in his State, where were six hundred other prisoners, with whom the afflicted man was freely mingling, and that by using the rational treatment on all suspects, the prophylactic influence had surely prevented any spread of the infection. He used the method fully on my plan. This is certainly assuring to the profession of the harmlessness of the agents used in the treatment; and that is the prime object I have in view in making this communication.

Under the caption, "The Twentieth Century Small-pox," Dr. Benbrook, of Rockvale, Texas, speaking through the "Transactions, 1901, of the State Medical Association of Texas," said that he had began treating cases of the recent epidemic of small-pox, with a solution of the bichloride of mercury in water at the percentage of 1 to 1000, but that in the case of a newborn infant "covered with a seething mass of pus and scabs," in bed with the mother who had the disease during accouchement, and that he had prognosed the death of the child; but resolved at last to use 1 to 100 bichloride solution in the effort, as a *dernier ressort* in the experiment, especially as he "was at a loss what to do." At the next visit he was very agreeably surprised to see the little patient to all appearances better, the eruption aborted and blackened by the solution, and all fever gone.

That was a glorious proof of the safety and efficiency of the rational treatment of small-pox, *on a new skin*. But it is no greater than is to be expected in the time to come, when all fears of the toxic agent by the profession, when in this way employed, has vanished. Dr. Benbrook will no longer hesitate to use the solution at this strength, but will sooner or later become well satisfied that a still stronger solution is better in aborting the disease, and its prevention of the spread of the infection, by using it freely on all suspects, irrespective of vaccination. In fact, when it is better known that vaccinia is often uncertain in its prevention

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of variola, and that its use is not unfrequently hazardous to the life of the recipient, it will then be admitted that, although the bichloride may be set down as a temporary expedient, and I freely admit the fact, it is even then under that admission no more objectionable than is vaccination, which of late years is conceded by the profession to be not only uncertain in its efferts, but in a number of cases it has killed its victims, or caused amputation of the arms to save life. This uncertainty, about permanency of its protecting influence, is seen in the repeated demands of health officers in all portions of the State, to force revaccination, with the threat of quarantining whole families, and forbidding children from schoolrooms, unless they can show a perfect scar; and several of them even then insist on revaccination.

In the September issue, 1901, of the *Medical Gazette*, of Fort Worth, Texas, Dr. J. M. McCutcheon, of Temple, Texas, has contributed a valuable paper on small-pox, admitting my priority in the announcement of the new method of the rational treatment of the disease, and saying, "there is no doubt in my mind, after a careful and impartial investigation, that the main cause of the decrease in virulency of small-pox is hereditary immunity by vaccination, and if this be true, that vaccination *never* 'runs out,' as it is generally supposed to do, obtains." In that sentence the doctor was "scorching" ahead on the vaccination "wheel," forgetful of the fact that the epidemic he is treating of was of a different variety, different in being the discrete variety, and hence the difference in the percentage of mortality. Perhaps hereditary immunity—a fine idea—had less to do with the percentage, than his speculation settled upon, and that it agreed with the records of a smaller mortality in the discrete variety.

Of my method of treatment of small-pox, he said, "This treatment, which no doubt, you are all familiar with, is very simple. A sponge bath in a solution of 1 to 250 of bichloride, twice daily, or oftener, if necessary; cream of tartar, three times daily; with a spray of hydrogen peroxide, or even a gargle of hot salt water for the throat, is about all that is needed. The eyes should be kept bathed in a solution of boric acid."

My burden of priority with rational treatment of variola becomes heavy and annoying under such a travesty as that paragraph discloses. Here, I will compare my method with the above statement. "It is this way—and I hope its simplicity will not be objectionable—the solution of warm or hot water is made with not less than 10 per cent., of pulverized bichloride of mercury in half a gallon of it. With a large sponge this is to be thoroughly mopped all over the body, neglecting no part of it, twice over before stopping is all the better, and the clothes pulled on while the skin is wet. to disinfect them at the same time. Caution the patient to keep the eyelids closed, as the solution is severe enough to inflame the eyes if permitted to get inside the lids.

With the peroxide of hydrogen spray the eyes, nose, lips, mouth, throat, and ears to dislodge the germs in those cavities.

Internally I give 30 grains of hyposulphite of soda, in half a glass of water, once a day to disinfect the stomach and bowels, and to act as a gentle and safe aperient medicine. When this course is well administered, the patient is thoroughly immunized, and cannot any longer convey the contagium to any one else. And if the solution is well sprinkled on the bed and covering, and the room and seats treated in the same way, there will be no further danger, and no necessity to burn things, as is the general custom. I permit toddy once or twice a day, and let them up out of bed, and to eat whatever they wish.

Now, if all suspects are treated in the same way, they cannot possibly take the disease, and may as well go about their ordinary business. It is best that the patient remain up and about; he is in no danger himself, and cannot any longer convey the infection to any other person. Confinement adds to the fever, and encourages the violence of the itching; but, after the remedies are well used, there is

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no more itching, nor odor; and no pock marks may be expected."

The comparison will at once show the discrepancy of the statements.

I beg to be excused for the difference between Dr. McCutcheon and myself on this important subject, and would gladly agree with him, if my observation and experience would permit so doing, but when my experience with the disinfectants so clearly demonstrate on one hand the magical arrest of the disease by the rational treatment; and, on the other hand, the innocuous character of the agents, as used in the method, my sense of propriety revolts at the travesty.

This paper is, perhaps, the last I shall ever make in defence of my rational treatment of variola, because my great age forbids such a task. Nor do I fear the ultimate result of its adoption by the sensible part of the profession, and it is only left for me to say, that with its universal adoption, the people will feel less alarm over the disease; the State will be less burdened with taxes for quarantine, and the public will be at rest on the question of vaccination.

A Physican Mulcted for Allowing Students to Witness an Operation.

Miss Mary Hinman, of Grand Rapids, Mich., who sued Dr. Herrick for $5,000 because he allowed medical students to witness an operation performed upon her, was recently awarded $75 damages by a circuit court jury.—*New York Medical Journal.*

One of the teacher's most important functions is to instil into the mind of the pupil a desire for the knowledge to be imparted. Children's curiosity should be excited by preliminary illustrative examples or stories.

Persistently recurring epigastric pain without disturbance of digestion is often due to gall stones.

The General Practician's Treatment of Some Diseases of the Male Urethra.

By LESTER KELLER, M. D.
Ironton, O.

PRELIMINARY NOTE TO THE EDITOR.

You have kindly asked me to prepare two or three papers on urethral work, but I fear I am hardly able to handle so important a subject. I will say in the beginning that I will not take up acute gonorrhea or its treatment. In fact, I have been so disgusted before now with it that I have heartily wished they would always go elsewhere. We see so many ill results of its invasions that we may often have to refer to it. When you or some of your contributors have settled in a definite way its treatment, I am anxious for that number of THE COUNCIL.

Sincerely yours,
LESTER KELLER.

I will discuss some of the things that the general practician runs across with his male patient after the druggist has cured him of his clap with seven bottles of Zum-Zum, or Zip-Zip, or after he has been cured with a prescription a traveling man got from a doctor in Kalamazoo that was guaranteed to cure in three days.

I often amuse myself by writing out in detail the treatment gone through with to effect a cure in some of these cases. The patient announces in the beginning that he was afraid to go to young Dr. ——— (in some way the young doctor gets the clap to treat), because he was afraid he would experiment with him. He experimented with himself with a zeal that would put a German professor to shame. But to our subject.

Before any one can succeed in urethral work it is absolutely necessary that he is sincere in his attempts at asepsis. He must wash his hands and wash them well. Before he introduces any instrument into the urethra, exploratory or operative, he should have the meatus washed and the external parts cleansed. His instruments must be sterile and all strong antiseptics be kept out of the urethra. If the recording angel kept an account of the damage done by some men by careless handling and dirty instruments, I fear it would take much self-denial and a great amount of charity work to strike a balance. The specialist

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achieves success along the lines of asepsis; then why not the general practician follow the same plan and attain partial success at least?

Every office should be equipped with a kettle sterilizer (if it has none better), an irrigator (1 liter) with rubber tube and glass nozzles (the latter can be boiled), and a good supply of sterile water.

A well-selected armamentarium is needed to do work as a genito-urinary specialist, but I take it that most of THE COUNCIL readers are general practicians and thus select the following equipment:

Olive-pointed bougies, flexible, American scale, from 5 to 12 inclusive.

Olive-pointed catheters, flexible, Nos. 6, 8, 10 and 12.

Mercier catheter, flexible, Nos. 8 and 10.

Set steel sounds from No. 5 to 16.

Set bulbous bougies from No. 5 to 16, Otis.

One Banks' dilating filiform bougie.

Three whalebone filiform guides.

One small tunnel catheter, silver.

One medium recurrent catheter, silver.

One wheel-house staff.

One Otis urethrotome.

One hard rubber syringe, two drams, with pointed nozzle.

And four sizes soft rubber catheters.

I take it that every man who makes any pretentions to surgery in any of its forms has knives, artery forceps, etc. And, by the way, I have never used any forceps for all-round work that beat Kelly's, with G. & J. Lock. I make this suggestion for those who have yet to buy.

A nice way to keep soft catheters and flexible bougies is to dust them well with talcum powder and put them in a glass tube with rubber stopper. You can sterilize them well by washing with soap and water, soaking them 15 to 20 minutes in a 2 per cent. solution of formalin (40 per cent. solution of formaldehyde gas in water), and afterwards rinsing well in sterile water.

Always boil all metal instruments for ten minutes before introducing them into the urethra.

Use a sterile lubricant, vaseline or glycerine. Do not commit the unpardonable sin of prodding your bougie or sound down into the common vaseline jar, where many such proddings have gone on before, and where it is well contaminated with former usings. When through with the instrument, wash it again with soap and water, soak in the formalin, wrinse, wipe dry, dust with talcum and put away in glass tube.

Do not dip the tip of the instrument into the lubricant and expect the lips of the meatus to distribute it, but warm the instrument and distribute the lubricant and rub it well with the finger. By the way, an elegant lubricant for all sorts of work is made as follows:

Tragacanth, flake (best)	2 drs.
Water	2 ozs.
Witch Hazel, dist. ex.	2 drs.
Glycerine	2–4 drs.

Dissolve the tragacanth in the water, and add the glycerine and witch hazel.

If you have time, always precede your explorations and operations on the urethra with a carthartic, and two or three five-drop doses of oil of gaultheria, three or four hours apart. If this is done, you will not have so many post-operative chills as without.

(To be continued.)

[In the next paper Dr. Keller will give his treatment of stricture.—ED.]

A sound mind in a sound body is an old precept that is much neglected, for children's brains are overtaxed in school while their bodily exercises are too limited.

Much of the time spent in study should be devoted to learning how to study.

I like the way THE COUNCIL is edited. It is full of terse, *practical* matter. It deals with those things which the average doctor most needs. The long-winded medical theorist, who writes because he loves to be in print, is conspicuously absent. THE COUNCIL is a progressive, practical, thoroughly up-to-date journal. Dr. J. B. Seneker, Beidleman's, Tenn.

The percentage on the $1.00 invested beats "Wall Street," with all its nervous strain and calamity that so often follows. But with THE COUNCIL the dollar invested is always a dead certainty. "Long live THE COUNCIL!" May its members increase in proportion to its usefulness.

DR. BENJ. F. SHIPLEY, Alpha, Md.

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The Psychopathic Hospital.

An Urgent Necessity.

By ERNEST HALL, M. D., L. R. C. P. (Edin.).
Fellow of the British Gynecologic Society,
Victoria, British Columbia.

The necessity of an intermediate station between the home and the insane hospital is clearly shown by the following cases:

Mrs. M., aged 31, two children, the youngest three months old, good heredity but of excitable disposition. Physical examination showed an enlarged floating kidney and first degree of lacerated cervix. The care of a large house and unnecessary domestic responsibilities with maternal duties apparently made a greater demand upon the vital resources than the irritated physical organism could meet, and symptoms of mental collapse were shown in expressions of suicidal intent, and various delusions. Fearing trouble, I sent a trained nurse to take charge of the patient, hoping by vigorous treatment to restore the physical system and give her a chance before removal to the asylum. Matters went smoothly for a few days until, seizing an opportunity when the nurse was washing the baby, she produced a two-ounce bottle of carbolic that she had concealed some days previously, and drained the bottle before the nurse could interfere. I saw her within half an hour afterwards, but life was all but extinct. She died a few minutes after my arrival.

Case 2. Mrs. C., aged 23, no children. Had been ill some time before I saw her. Had been given up by two medical men and ordered to the asylum. She presented a large swelling over the ascend ing ramus of the maxilla. An examination of the mouth showed the molars badly decayed, giving a most offensive odor. She was very much emaciated. Other parts appeared normal. Urine normal; temp. 103°. Delirium had been continuous and active. She was placed upon sedatives, and upon the supposition of dental complication a dentist was called in consultation who agreed that the abscess probably resulted from diseased teeth. Under chloroform the molars were removed, the lower third molar on the side of the abscess had attached to its root an abscess mass. Considerable pus escaped. After recovering from the anesthetic the patient was rational for the first time for fifteen days. Supporting measures were ordered, and an antiseptic mouth-wash. In six hours after the extraction the delirium returned and remained for several hours, but would disappear under forced sleep. Upon the theory of toxemia from absorption from the pus tract, I gave 1000 units of anti-streptococcus serum, repeating the dose in two days. With the exception of septic pneumonia and a bed sore, the progress of the case has been uninterrupted. There have been no indications of mental disturbance after the disappearance of the abscess and the healing of the gums. In her delirium this patient had run away from her home to that of her sister fully half a mile away. As the house was small we experienced great inconvenience in the management of this case owing to lack of accommodation for the nurses and family, and we realized the great necessity for some hospital where better facilities could be afforded.

The frequency with which we come in contact with such cases as are here outlined impresses upon all practitioners who are actuated by other than mercenary motives, the necessity of the establishment of specially-equipped hospitals where those who have developed abnormal psychic conditions to the extent that home-treatment is impossible or inadvisable, could receive appropriate treatment until it could be satisfactorily shown that the underlying physical lesions were beyond the probability of early removal either by the natural forces or by medical or surgical measures. Those giving indications of chronicity or undue violence should be removed to the State institution. As it is at present constituted, the class of cases that would receive the greatest benefit from this arrangement would in the opinion of the writer, judging from his limited experience in the treatment of these unfortunates, be: (1) puerperal, toxemic, irrita-

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tive from pelvic lesions, as cystic inflammation, ovaritis, adhesions, fibroids, retro-displacements, etc., or, in general terms, all those classes of cases in which the prognosis is good; for instance, puerperal insanity, in which the expected rate is 75 per cent. Upon the other hand, it would be worse than folly to detain in this psycopathic suspect station, idiocy, senile dementia, or general paralysis. A doctor sending a case to an asylum should have in mind that there are two events, either of which will probably make the relations blame him and say that he has made a mistake in recommending the step: The one, death; the other, recovery within a week or fortnight after admission. If the latter occur, the patient will likely join in the disapproval. This suggested unpleasant experience could be avoided by submitting cases first to treatment in a detention hospital (Clouston).

We are being continually reminded of the alarming increase of insanity; the lack of accommodation, and the fact that a serious problem is confronting us in this direction. The establishing of municipal hospitals would to a great extent lessen the congestion, and since experience has shown that recent cases are more amenable to treatment than those in which the measures for relief have delayed until the abnormal metabolism of the cortical cells has become somewhat of a mental habit, many of these cases could be returned to their homes that under the present system drift hopelessly to utter dementia and death.

The existence of such an institution would also tend to keep before our minds the fact too often forgot, that many cases of mental trouble are within the province of the physician, and thereby would greater attempts be made to investigate and relieve the underlying physical lesion. In looking over the report of one of your large State hospitals, I find no mention of any attempt to utilize the large amount of material which is at the disposal of the medical authorities, either in thorough physical examination, or in post-mortem, that at least some light might be thrown upon the underlying pathological condition. Can any other department of medicine show such negligence? With abundant evidence of the application of the simple principles of surgery to the class of cases, it is criminal to pursue such a course of inefficiency and negligence.

America has not been without its prophets in this field. Rhoe of Detroit, Manton of Detroit, and many others have demonstrated beyond doubt the satisfactory results of operative treatment of the asylum class. This matter is no longer in the experimental stage. We had better face the facts and admit that the method of commitment and management (we cannot use the word "treatment") of the insane by the State is too frequently inexcusably deficient. Political exigencies and personal prejudices should not interfere with an effort to introduce more rational supervision of this department. But, if the political machine must continue to grind out the same class of product, the only chance for the incarcerated invalid of the future is in the institution of the hospital that I have endeavored to outline. Then the State Hospital will become in effect what it virtually is at present—a place of confinement for those who are dangerous to the community.

Among the many excellent articles we have in hand for next issue we mention the following:

TREATMENT OF STRICTURE OF THE URETHRA,

By Lester Keller, M. D., Surgeon Ohio National Guard, Ironton, O.

TREATMENT OF CHRONIC CATARRH OF THE MIDDLE EAR,

By George W. Hopkins, M. D., Cleveland, O.

A CASE OF LABOR PRESENTING UNUSUAL COMPLICATIONS,

By A. L. Blesh, M D., Guthrie, Okla.

TREATMENT OF SYPHILIS,

By A. H. P. Leuf, M. D., Philadelphia.

Office of Fergus County Medical Association,
Lewiston, Mont.

Enclosed find order for renewal of my subscription for COUNCIL, 1902. We consider it one of the best magazines in our library from a practical standpoint, both business and professional. Your valuable suggestions and "the physician as a business man" have done much for the welfare of the physicians and patients of the community It was the means of our organizing this successful association about six months ago.

FRED F. ATTIX, M. D., (Univ. of Pa.)

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Systematic Therapeutics.

By FINLEY ELLINGWOOD, M. D.
Chicago, Ill.

A systematic study of the action of drugs is without doubt the most important branch of a college curriculum. It is indeed a fascinating study to one whose previous experience has been sufficient to direct the lines of his investigation. There has been much skepticism concerning the action of medicine in the past, but this is giving away rapidly to a more general faith in the action of remedies. Therapeutic nihilism is a stigma and blot upon the profession at the present time, and there is no excuse for general ignorance of drug action.

There is more definiteness in surgery, obstetrics and gynecology, and the study of therapeutics demands the closest of mental concentration, and does not possess that definiteness that is possible in surgical lines; consequently many will leave this branch for the more definite subjects. I am highly pleased, however, that there is a general inclination among the working members of the profession to study the directest action of drugs, and to determine the exact conditions present in each disease which will be the most directly met by single drugs.

The indigenous remedies of the United States have offered a magnificent field for the study of direct drug action, and those physicians who, for the past half century, have devoted themselves to this study have been marvelously repaid. It is to be deplored that the general profession have ignored to a great degree many of these remedies, and have not long known of their properties. I have studied these drugs in comparison with the drugs commonly used by the profession—inorganic and synthetic remedies and animal extracts—and I am prepared to say there is almost no comparison as far as direct and immediate satisfactory action is concerned. These vegetable remedies are organic; they are readily received by the animal economy and are quickly and satisfactorily eliminated. There is a harmony in their relationship to the animal organism that is never apparent in the use of organic or synthetic remedies; furthermore, they are distinctly selective in their action; their influence always the same, being such that the practitioner learns to depend upon them with positiveness. He has the constant pleasure of hearing his patients remark "that the remedy acted exactly as the doctor said it would."

Take for instance, phytolacca decandra, with its invariable influence upon glands and glandular organs; Iris versicolor, with its influence upon the liver; bryonia, with its invariable and satisfactory effect on serous and synovial membranes; belladonna, never failing in its influence to overcome blood stasis—acute congestion, and other remedies, such as baptisia, hammamelis, gelsemium, veratrum, rhus toxicodendron, passiflora, hyoscyamus, cimicifuga, pulsatilla, mistletoe, capsicum, echinacea, cactus, cratœgus, lycopus. These and very many others we have learned to depend upon with confidence, and the physician who neglects this class of drugs to-day is laying himself liable to open criticism and is neglecting the most direct, the most reliable and satisfactory branch of the *materia medica*. This I say without qualification and without fear of successful denial.

In our study of this class of drugs we soon become so familiar with their rational influence, regular and trustworthy, that we prescribe them for conditions in a rational manner, in distinction to the usual empirical method of prescribing. We must depend upon the empirical action of the drug until we learn its full therapeutic influence, then we are able to prescribe it in a rational manner; no remedy will illustrate this more perfectly than belladonna; this agent is advised by many physicians for distinct conditions, without full knowledge of its physiological action. We have learned that belladonna has an influence directly opposed to blood stasis anywhere in the body. This being true, we prescribe it with reference to this fact without regard to the disease that afflicts the patient. We find a tendency to congestion in every case of threatened inflammation,

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wherever that may be. In most of these cases belladonna will materially assist in aborting the difficulty or in rendering it of a mild character if given in proper dosage.

In prescribing these remedies certain principles should be obeyed that at once reward the prescriber with successful results. One cardinal principle is that it is essential to keep the circulation and temperature as near as possible to the normal point. The severity of any acute disease is in proportion to the variation of these conditions from a normal standard, and in proportion as we are able to bring back to and keep these to a normal standard, we may correct the processes of disease which influence these conditions. Fever may have a simple cause, which, if removed, and the temperature controlled, will leave no impression upon the system, but if allowed to persist will induce localized inflammation. The severity of acute inflammatory disorder when once induced, depends upon the severity of the fever, and in proportion as the practitioner is able to control the fever is he able to control the inflammatory processes also. These facts are especially true in children and in the aged and should always be observed.

The action of the special sedatives in their influence upon fevers and acute inflammatory conditions is in accord with the following exact indications.

Aconite is demanded when the skin is hot and dry, when the pulse is sharp, hard and quick, when there is chilliness up and down the spinal column with suppressed secretions. *Gelsemium* is demanded when these conditions are present with great nervous excitability, restlessness, flushed face, bright eyes with contracted pupils. Dilated pupils are usually present when the eye is dull; when there is an inclination to stupor; when the skin is cool. When these conditions are present, *belladona* in small doses should be given in conjunction with the sedative.

When there is violence of muscular action with sthenic fever, with large full bounding pulse, high temperature and engorged capillary circulation of the skin, especially of the face and neck, *veratrum* will be found to be the best of tedatives. We have no remedy so posisively reliable as veratrum when prescribed with a thorough knowledge of its influence. It is a powerful poison, but so regular and uniform in its action and so devoid of erratic and unaccountable or uncontrollable influences that it may be given within the limits of its maximum dosage with perfect safety. It is not rapid and violent in its first effect; it is not accumulative; is quickly eliminated, and the effects of single doses are transient. It is really the safest of our active agents. While *aconite* is indicated most often in children, this remedy exercises its best influence in adults who have been previously strong and healthy.

When with high temperature there is involvement of the lungs or bronchi with short, sharp, hard, quick cough, inducing general pain or sorenes upon inspiration, or if there are evidences that the pleura is involved with sharp, quick, acute pains, *bryonia* will exercise a most positive and reliable influence; the same facts are true of peritonitis of childhood where there is pain upon movement, sharp, quick and cutting, with involvement of the serous membranes, also when the same indications are present with other local inflammations. When inflammatory action shows itself with sharp, hard pulse and a circumscribed bright redness of the skin, with burning pain and soreness, *rhus toxicodendron* is the remedy: Often with these phenomena there is a burning pain in the eyes; sharp supra-orbital pains; the mucous membranes of the mouth are red; the tongue is dry and elongated, narrow, with red tips and edges, and covered with a brown coat. The agent will meet all these indications alone, but if combined with *baptisia*, we accomplish the result in a shorter time.

It will be seen from these few remarks that this study is necessarily an interesting and valuable one. I could continue these indefinitely, but will reserve for a future paper the consideration of remedies which act upon special organs, such as

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the comparative study of heart remedies, or the comparative study of uterine remedies, or the specific influence of acids and alkaline agents upon the system, with the belief that these remarks will be received, not in every case as new, but as encouraging to a greater study of the minutest detail of the action of single drugs upon the human economy, which is exceedingly important if therapeutics ever becomes an exact science.

The action of compounds, of proprietary mixtures, and incongruous preparations does not conduce to an exact knowledge of therapeutics, but seriously detracts from such a knowledge.

103 State street.

[This paper will be followed by others by Dr. Ellingwood, giving a comprehensive review of direct drug action. —ED.].

Treatment of Pneumonia in Children.

By ABRAHAM GOLTMAN, M. D., C. M.,
L. R. C. P. and L. R. C. S., Ed. L. F. P., Glasgow.
New York City.

I desire to state briefly the measures I have used with marked success in those cases where there is rapid pulse, high temperature, respirations hurried, and coma ; where the child is on the eve of collapse. I refer, as an example, to a little patient of mine, 8 months old :

1st. Gave drop-doses of spts. ammon. aromaticus hourly, injections of strychnine in very minute doses every 4 hours until slight twitchings of the muscles occurred, and then stopped the drug. I placed the infant in a warm bath, and rubbed it well so as to promote the action of the skin, for about 15 minutes, drying it well, and then applied a cold towel around the whole body. The shock was manifest, but the addition of cold and hot water douches poured from a height, on the chest, stimulates the respiratory center. It is remarkable what an effect it has. If no marked improvement is noticed, continue the same treatment for a longer period.

I have recorded, last year (*Pediatrics*), a case of pneumonia in an infant 7 weeks old, whose life was despaired of, but who, under the above treatment continued faithfully for 48 hours, recovered.

100 W. 114th St.

Communications.

Case of Gall Stones--Operation--Recovery.

TO THE MEDICAL COUNCIL.

About six years ago I was called to see Mrs. R., aged 43 years, and mother of four or five children. She had been under the care of a Homeopathic physician for several weeks. I found her in an extremely weak condition, vomiting almost constantly. The slightest amount of food, and remedies given to control the vomiting, were immediately thrown off by the stomach.

I found it necessary to nourish and stimulate her by the bowel ; also to give all medicine the same way, for four or five days. After this time, I began by giving small quantities of kumyss, which she retained, by the stomach, gradually increasing the diet, until she fully recovered at the end of four or five weeks.

Throughout the attack, she suffered great pain throughout the epigastric region, but at no time was it referred directly to the liver. After resuming her usual duties, she suffered frequent attacks of indigestion lasting from three days to a week, each attack growing more severe. After everything given failed to relieve her, I was compelled to give relief by morphia and atropia hypodermatically. This condition lasted four or five years. After two or three years' suffering from these attacks of gastric disturbance, the pain was located more particularly in the region of the liver, resembling biliary calculi. After the acute pain had subsided from hypodermics, there was a soreness over the liver, with shooting pains through the back, under the right scapula. This soreness continued with no relief whatever, rendering life miserable.

Some two years before operation, I diagnosed the case as one of biliary calculi, and recommended operation, which was seriously objected to by the husband, saying that he did not believe that was the trouble. After a long period of suffering, I suggested that we call Dr. John

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B. Deaver in consultation, which was agreed to. He confirmed the diagnosis, and recommended operation, saying that she would never be any better until this was done. She was taken to the German Hospital, where Dr. Deaver removed three stones from the gall-bladder as large as as good-sized marbles. The gall-bladder was also removed, and the wound closed. The patient made an uninterrupted recovery, and left the hospital in about four weeks after operation, perfectly well.

The disturbance of the stomach, which lasted over a period of several years, in my opinion, was due to the presence of stones in the gall-bladder. Notwithstanding, during the first few years there was nothing to indicate any disturbance of the liver, the patient never having the least trace of jaundice.

L. S. WALTON, M. D.
Jenkintown, Pa.

Small-Pox in the West.

To THE MEDICAL COUNCIL.

For almost two years the western portion of the United States, in variously scattered districts, has been undergoing a siege of small-pox during the winter and spring months. Where the disease came from no one seems to know, but there seems to be a widespread belief that it was brought to this country from Cuba, by the United States soldiers, and then transmitted to the West by discharged soldiers in the East.

Last winter and spring but few cases of small-pox were reported here in Missouri, and these variously scattered cases were promptly quarantined and the disease quickly eradicated, but this winter it has come again, and with a vengeance, too. From all sections of the State come reports of the disease, St. Louis alone reporting two thousand cases, and here in the central southwestern part of the State, not only the towns, but the country districts as well, report many cases.

The disease is in a very mild form—so mild, in fact, that many of the doctors, even, are skeptical as to its being small-pox; and this one fact accounts for the widespread contagion. Doctors called to the bedside of a patient, even after the eruption is well out, often make a mistake in diagnosis and, as a result, sympathizing relatives and neighbors become exposed and carry the disease home to their families. In many places, where the disease is raging, the towns and families are not quarantined until forced to do so by the State Board of Health, and it is a common occurence to meet on the streets those who are in a condition to communicate the disease to others. For just such negligence as this the doctors are responsible, for they know the disease is contagious, and even if some of them do deny that the disease is small-pox, they should, in the interest of humanity, help to stamp out the pest. Here in this county (Benton) there have been, perhaps, two hundred cases up to the present time, aud had the necessary precautions been taken in time, I am confident the disease could have been confined to one or two families. Doctors, like all other mortals, are fallible; all are liable to mistakes in diagnosis, and at times perfectly excusable therefor; but no doctor is excusable for negligence in allowing small-pox to spread when it is in his power to eradicate it or at least to confine it within bounds

The disease, as I have already said, is mild, but the patients present every symptom of small-pox in a light form. The onset is generally sudden, beginning with a chill, and followed by a rise in temperature, sometimes reaching 104°. More or less aching in all parts of the body, and intense pain in the small of the back, which generally continues until eruption appears. The eruption appears on the third or fourth day, generally, and passes through all the typical stages of the variola eruption. With the appearance of the eruption the temperature declines to normal. and in many cases there is no secondary fever, while in others the temperature rise is considerable. In from two to three weeks the patient has entirely recovered, and in no case have I seen permanent scars remaining.

One peculiarity of the disease is that quite a number of those who are exposed do not contract the disease at all, but in

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most of these cases I find persons who have been successfully vaccinated within the last few years. The disease is undoubtedly small-pox, and the sooner we, as physicians, realize this fact and join hands with the Boards of Health to eradicate the disease, the better it will be for the medical profession and for the cause of humanity.

Will P. Bradley, M. D.
Palo Pinto, Mo.

Formalin in Necrosis and Chronic Abscess.

To The Medical Council.

I wish to call your attention to the experience I have had with 2 per cent. formalin solution in a case of necrosis of the humerus.

Case.—A little girl of about nine years old about a year ago caught what we designated as a bad cold, and in course of four or five days settling in the right shoulder, including the whole area of the deltoid and axilla, forming a large abscess. I was called to the case to alleviate the insomnia and pain. My diagnosis and treatment was short and decisive—opening the abscess at once in two places at its lowest extremity. About a quart of lemon-colored pus escaped. I washed it out with a weak carbolic solution and put in drainage of bichloride gauze, giving a tonic of elixir of iron, quinine and strychnine, and in less than ten days the patient seemed almost well, and the parts had receded to their normal size and appearance, excepting a slight serous discharge at one of the openings; but of course we all took it for granted that that would stop running and heal up in a few days. Not having heard anything from the patient or her parents for eight months, they remarked to me one day that Nellie was doing well and going to school, but there was a small running sore still on her arm where I had opened it. I probed the opening, which was close to the insertion of the deltoid muscle, and found a cloaca which ran obliquely up into the bone about two and one-half inches upwards. Upon palpation I found quite an area around the opening which was much hardened—an involucrum. There was very little tenderness and no loss of function.

I decided to open it and remove any dead bone I might find, but the parents would scarcely submit to such a procedure just then. In the meantime, I commenced with syr. feri. iod., and to inject the cavity with a 2 per cent. solution of formalin about twice a week, the little patient experiencing great pain for a few minutes after. Sometimes I would use iodine, which would not pain. I used an aspirating syringe, and in less than five weeks the thing had healed. I was always careful to insert the needle clear down to the dead, rough cavity, and rotate a little in all directions slightly, while pressing on the piston of the syringe. There is no sign of the return of the disease now, going on three weeks, and the patient looks well nourished and healthy.

I had a case of necrosis—or at least I took it to be—of the bones of the middle ear, some time ago, and by two or three applications of cotton moistened in 2 per cent. formalin, after a thorough dry mopping out, the trouble disappeared like magic.

I will say, however, that I depend a good deal on tonics, as syr. fer. iod. and syr. hypophos. comp., alternating, to improve the blood and build up the tissues in such cases, in addition to the local use of formalin.

David Gordon, M. D.
Elmore, Minn.

A Case of Tubal Pregnancy.

To The Medical Council.

In November the writer was consulted by Mrs. L——— for pain in left ovarian region, and gave the following history:

Patient 29 years old. In May, 1901, just after what she thought was a regular menstruation, while lifting a heavy weight, felt something give in lower abdomen, had severe pain and collapsed, recovering in three or four days without treatment, except morphine for pain. A week later, had hemorrhages from ulcers, and consulted a physician, who prescribed some

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hemostatic without examination. Growing worse, patient was taken to a hospital, in June. The uterus was curetted and finding decidual membrane, the physicians diagnosed pregnancy in left tube, with rupture at second mouth. Advised no operation, but awaited developments. Hemorrhage continued, and in addition, pain, fever, tympanites, constipation, with swelling in wall of abdomen immediately above pubes. Presented all the appearances of an abscess, but was permitted to develop for two weeks, when the physicians decided to operate, prepared the patient, gave chloroform, and were ready to proceed when they found the abscess had broken into the abdominal cavity. Knowing that most, if not all, cases die after such an accident, the physicians with alacrity left the operating-room, giving orders to carry patient back to her room to die. But the patient, on recovering from the anesthetic, and hearing from her husband of the state of affairs, being self-willed, and obstinate, decided to live, if for nothing else than to fool the doctors. And live she did, although her suffering was horrible. General peritonitis developed, the pus was absorbed, to be eliminated through stomach and bowels by vomiting and purging. The patient progressed very slowly towards recovery, but in July the bowels became constipated, chills, sweat and fever followed, tympanites returned, severe pain and swelling in left ovarian region, and abscess No. 2 broke into the bowels and greatly surprised the attendants, who had not diagnosed it.

The contents of this abscess were foul and very much decomposed, showing what seemed to be placental tissue. The patient left the hospital in August and recovered a fair amount of strength and flesh; the menstrual periods returned, and in November she came to the writer for pain in ovarian region, commencing after a sudden strain, continuing for two weeks before I examined her. On palpating abdomen, the left ovarian region was found tender, percussion gave dullness; vaginal examination showed a tender, doughy swelling in *cul-de-sac*, extending to left, including ovary and sigmoid flexure of colon; uterus immobile. Diagnosis, pelvic cellulitis, with possibility of pus formation; abscess, if present, would probably break into bowel.

Prescribed calc. sulph. to saturation, uterine tonics for pain. Triple arsenates with nuclein as general tonic and a saline laxative. On the third day, abscess broke into rectum, with quick relief of all symptoms. Advised continued use of above drugs; patient progressed rapidly to good recovery.

R. J. S.

White Sulphur Springs, Mont.

Treatment of Rubeola with Belladonna.

To The Medical Council.

This paper shall be limited to an outline treatment for measles, and shall not consider the etiology of the disease further than is necessary to make clear the treatment of certain conditions of the patient.

It is agreed that to bring the eruption out upon the surface, and maintain it there, is the proper thing to do in all cases, but the manner in which it is done determines the efficiency of the treatment. The longer the rubeolous poison remains in the system before eruption, the greater the amount of poisoning, and the severer the constitution is taxed in relieving itself of this offending matter. Hence the necessity for promptness in assisting nature in this work, and the nearer it coincides with her plans, the more rational the treatment.

In order to bring out the rash promptly, a good capillary circulation is essential. If the patient possesses this, there is but little need of doing anything of consequence, only to hold the high fever in check, which, if not done, evidently favors a quick and heavy production of the measle poison within the system. In this instance you need not be afraid to give relaxing and sweating teas, whiskey, asclepias tuberosa, and such other diaphoretics as are indicated. Some might object to whiskey in such cases, but, if it is used at all, here is its *forte*. Don't

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give it to those who have cool skins, cool extremities, and perspire easily, unless it is positively known, by individual experience, that it will increase the warmth of the skin without sweating it. Why I make this exception is, as we physicians know, that drugs do not have precisely the same effect on similar conditions every time. I now refer to idiosyncrasy.

As before inferred, the patient with the poor capillary circulation is the one who needs attention, and anything that will increase this is in order. We aim to drive the blood to the surface, thus carrying the effete matter toward a point where it is least eliminated from the blood by the skin in the form of an eruption. This is indicated by every case that is successfully treated, *i. e.*, elemination by the skin; and it cannot be satisfactorily done so long as the blood is centering inward, and crowding its way through the deeper structures. This latter condition is responsible for so much nasal and bronchial trouble; also gastro-intestinal irritation.

Now, reader, I know you are anxious to know what I give to bring about this capillary increase. Here it is, Belladonna; nothing better, but don't parch your patient's throat and skin with it. Put 10 gtts. of a good fl. extract belladonna to 4 oz. of water, and give 1 teaspoonful every hour until the skin warms up, and the perspiring tendency is checked; then, after a reasonable time, if the eruption is tardy, give asclepias tuberosa, or any other good diaphoretic, but be sure that it is time for the appearance of the rash, so as not to be trying to force matters unduly. This part of my treatment is extremely simple, and, if these two conditions be observed in their proper places, and treated as outlined, patients will not be seven or eight days getting a "full crop of measles."

I wish that I could impress the importance of these opposite conditions as firmly upon every one as they are upon me, but not in the same manner. I will say that when I personally had rubeola, I had a test case. It has been since I received my college degree that I had this experience. On my second day in bed, and the third of the disease, I called in a doctor. My capillary circulation was poor, and fever 103°. He said that I needed nothing but plenty of whiskey. Whiskey I took. The sweat came, my skin grew cooler, and my fever higher, until the second day of his attendance, when I rebelled against whiskey, and virtually took nothing except a light febrifuge; my capillary circulation thereupon began to improve steadily, fever rose to 104° and higher, all symptoms grew more severe, and, after tossing and turning constantly for four days and nights from the date of my physician's visits, I had the finest "crop" a fellow most ever witnessed. The fever had existed about seven days prior to the eruption, and hence a luxuriant crop was produced. I desire to say that the whiskey did me a positive injury by lessening my capillary circulation. Had I been treated upon my own plan above outlined, I would have been easily managed, as have been my patients since.

When a question of cathartics comes up, be careful. Recollect that about half the dose usually given is sufficient, and will sometimes surprise by the number of discharges it will produce. The mucous membrane of the alimentary canal is in a state of semi-irritation, and to avoid trouble, one must not use harsh means. As to the bronchial, nasal, and other supplementary treatments, I will not detail them in this paper, believing that I have touched the keynote, and that the attending physician will be resourceful enough to meet all emergencies of this nature.

To sum up, there are two conditions almost exactly opposite in their nature, and require almost exactly opposite treatment; be governed accordingly, and make yourselves and patients happy.

JASON TYSON, JR., M. D.

Santa Anna, Texas.

I think "The Council" is one of the best, neatest and most practical medical journals in the country. A. C. RHIEL, M. D.
Lowell, Ill.

Dear Doctor Taylor: The books and binders received all right. "The Physician as a Business Man" is fine; I have read it from cover to cover. THE COUNCIL is worth $5.00 of any man's money. P. H. von Zierolshofen, M. D., Croghan, N. Y.

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The Battling of Questions for Young Physicians.

To THE MEDICAL COUNCIL.

I want help from THE COUNCIL. Perhaps others would be benefited by the ideas brought out. It is known by many physicians, and also written in Dr. Cathell's book, that a talent for illustrating your point by apt comparison, or a bold, resolute way of encountering professional puzzles or of deftly cutting the many Gordian knots so often encountered will help you decidedly. To the following questions I would like good answers, which will illustrate a good smooth loophole to creep through with safety:

(1) "Doctor, do you think she is dangerous?" (Case, patient quite sick).

Answer:—

(2) "Doctor, is there any danger of anything else setting in?"

Answer:—

(3) "Doctor, what is the cause of her trouble?"

Answer:—

(4) "Doctor, isn't chloroform dangerous?"

(Case, a minor operation for removal of small epithelioma of skin and you are eager to perform the operation and wish to give chloroform).

Answer:—

(5) "Doctor, is their any medicine that will cure that disease?"

(Case, apoplexy; patient unconscious).

Answer:—

(6) "Doctor, aren't you medicines too strong for children?"

Answer:—

(7) "Doctor, will she be strong after she recovers from this disease?"

Answer:—

(8) "Doctor, I have an awful headache; what's good for it?"

(Patient working you for knowledge).

Answer:—

(9) "Doctor, are you sure you haven't neglected anything in Eva's case?"

(Case, pneumonia).

Answer:—

(10) "Doctor, what is the reason that my tooth aches around home and when I go to town to see the dentist it quits?"

Answer:—

(11) "Doctor, how are the folks over yonder?"

(Case, child very sick).

Answer:—

(12) Doctor, how are the folks over yonder?"

(Child much improved).

Answer:—

(13) How should the physician enter sick room when neighbors are present? In manner and conversation.

Answer:—

(14) How should the physician leave sick room? In manner and conversation.

Answer:—

(15) Doctor meets neighbor. "What's the matter with Mrs. H?"

(Case, miscarriage.)

Answer:—

(16) "Doctor, what is the matter with John?"

(Case, one in which you are not positive and cannot make a diagnosis and desire to wait for developments.

Answer:—

These questions, as well as many others, I have encountered, and have been asked by many intelligent people, and they expect an answer, and if you do not answer in a smooth, affable way, they think you do not know your business.

W. C. PROUD, M. D.

Oregon, Mo.

[We invite readers to send in well-considered replies to any or all the above questions. If you feel that you have an especially suitable reply to even only one, send it in. We feel that the discussion will prove a great benefit—ED.]

Doctor, it is a good plan to keep your Councils in bound volumes. For description of Medical Council Binders, see adv. page xxx. Send $3.00 and we will enroll you for three years and include three binders.

Doctor, we would like you to co-operate with your fellow practitioners by reporting your interesting experiences through the columns of "The Council." At this season it is especially valuable to have your practical points in the treatment of respiratory diseases.

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BEST IDEAS FROM RECENT LITERATURE.

Postural Treatment of Piles.

Oeder, in the *British Medical Journal*, March 9, 1901, treats piles by position. At least, this is his main reliance. The sum and substance of his method consists in the inversion of the patient, as far as is practicable, and for as long a time as it can be endured without too much discomfort, the aim being to relieve him by the gravitation of blood from the seat of trouble. This is an old idea that has been spontaneously put in use from times immemorial by many lay individuals suffering from this cause, but this is, so far as we know, the first attempt to systematically employ this kind of treatment. It is always a valuable adjuvant, and a most excellent one, to give real relief.

Cancer Cured by Suction.

It has been suggested that a disease having many remedies is without remedy, the commonest illustrations being gonorrhea and the vomiting of pregnancy. We knew a teacher of therapeutics, who, in his introductory lecture at the beginning of each course at college, would tell his class that there were two answers that he would never expect to have made to any inquiries, during the ensuing term, as to what conditions a certain drug was good for, and these were gonorrhea and the vomiting of pregnancy. For he was willing to admit, at the very outset, that every remedy in the *materia medica*, possibly, was used, at some time or other, for these two conditions, and he was more than willing to have that fact taken for granted. Cancer might be added to those two as a good third because the remedies for this disease have been innumerable, and, aside from the knife, or caustics for superficial cancers, the other remedial agents have no particular value, though seemingly effective in isolated instances. Now along comes Leaf, who in the *Edinburgh Medical Journal*, of May, 1901, proposes to cure inoperable cancer by what certainly seems to be a novel procedure. He reasons that inasmuch as the extension of cancer is along the lymph channels, if the carcinomatous cells can be held back, the cancer will not spread. Or, he contends, it may be that the cancer juices are necessary to the development of cancer cells, and if these be held back from the general circulation, cancer may not be developed, even if its elements migrate. But to make assurance doubly sure, he claims to hold back both the elements and cancer juices by his novel means. This consists, simply, in suction by a simple mechanic contrivance. He fits an India rubber and vulcanite shield over the the affected area, and then exhausts the air. Perfect adjustment to the surface is, of course, necessary, and this he insures by laying over the inequalities of the contact surface a flexible wire that retains its shape. The reader is referred to the original publication for further details, which cites some cases claimed to have been successfully treated, but which claim can hardly be considered as proven.

Absurdly Illogical Case Reporting.

There have been several cases, recently reported, of gangrene following the local applications of weak solutions of carbolic acid. The claim has been made, for some time, that there is much less danger in using very strong solutions of this acid than in its employment in its diluted form. This has been explained by the surface coagulation of albumen, thus practically sealing the deeper tissues from contact with the acid, absorption of which in sufficient quantity would prove detrimental. It has, also, been said that weak solutions applied to the skin blanches it, and decidedly lessens the circulation of the deeper structures beneath it, in some cases seeming to justify the conclusion that ensuing gangrene was due to the application of the remedy. Some cases of this kind have been reported, and on their face seem to bear out this view, which, however, we are loath to accept without more positive

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evidence, though we would caution those who use carbolic acid freely, to do so with care and continual watchfulness. But some of these reported instances of gangrene following the use of carbolic acid strike us as absurd.

Such an one appeared but a short time ago in one of the medical journals, in which it was stated that a man was admitted to the hospital, complaining of pain in one foot, and having trouble with one of the toes upon the other, for which carbolic acid was prescribed, that the patient was supposed to use himself. It was a strong solution, a part of which he accidentally spilled upon the other foot, the one in which he had been complaining of pain for several days, but on which he was not to use the acid. This foot became gangrenous within a few days. There was an amputation through the leg before the line of demarcation was formed. But the gangrenous process extended above the amputation, and, the line of demarcation subsequently forming, the limb was again amputated at about the middle of the thigh, and was followed by healing and recovery. It was certainly ridiculous to attribute this gangrene to the temporary contact of carbolic acid with the top of the foot, especially when there were already symptoms of commencing gangrene in the part before the accident happened. Gangrene of this kind very often begins with local pain. We would not be a bit surprised if this case of gangrene was due to thrombosis of the popliteal arteries or of the lower portion of the femoral. There are plenty of such cases, and we have seen some.

We are apt to feel a little bit irritated at, and out of patience with, reports of the kind mentioned, in which the symptoms quite clearly indicate the common cause for the result reported, though the author persists, it would seem perversely, to attribute it to some other, absurd and trivial, origin in the most illogical manner. Carbolic acid is capable of doing much harm or good, according to circumstances, but it is not endowed with the supernatural quality of doing utter impossibilities. We consider it safe to say that no strength of carbolic acid, or any other drug, in contact with the top of the foot for any length of time, whether this be long or short, by any possible stretch of the imagination in a logical mind, could be conceived as causing gangrene of the lower extremity from the middle of the thigh down. Whatever measure of absurdity exists in such a claim, must be shared by the editor of the journal in which it appears, if he presents it without comment. While the editorial department is not responsible for the opinion of its original contributors, it, nevertheless, owes it to its readers to keep out of its columns material that is absurd.

The Mental Diseases of Childhood.

Of genuine acute psychoses occurring at the period of puberty the following may be mentioned:

1. Melancholia, either simple, passive, or active, with excitement or stupor.
2. Mania, which may be simple, irritable, or of the nature of catatonia.
3. Mental confusion.
4. Hallucinatory madness, hallucinations being possible even in a young child, because sensory impressions become early fixed.

The following progressive psychoses occur:

1. Dementia of puberty (dementia hebephrenica).
2. Simple precocious dementia.
3. Very rarely, general paresis.

Of psychoses resulting from mental degeneration, there are:

1. Paranoia, which is very rare because delusions cannot appear in a child until systematized concepts or logical thought begins.
2. Periodic insanity, intermittent or circular, which is more common.
3. Phobias, obsessions, and *folie du doute*, which are not uncommon.
4. Kleptomania and dipsomania.
5. Sexual aberration.
6. Impulsive insanity; imperative conceptions, suicidal or homicidal.
7. Moral insanity.

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There are also the following combined psychoses or neuropsychoses:

1. Neurasthenia, more especially cerebral neurasthenia.

2. Hypochondria, most commonly of a sexual nature.

3. Hysterical insanity.

4. Choreiform insanity (the mental equivalent of chorea).

5. Epilepsy appearing as a chronic psychosis or a spasmodic dementia, or an acute psychosis as the psychical equivalent of epilepsy.

Lastly, there may be psychoses by intoxication, either of the nature of (1) auto-intoxication, (2) intoxication following infectious disease, (3) alcoholic intoxication.

In closing, it will be well to emphasize that insanity is rare before adolescence, but that the less pronounced psychical disturbances that occur in young children are often the first manifestation of a train of symptoms that are to end only at the development, some years later, of one of the definite clinical forms of adult insanity. There is no sharp dividing line between the symptoms of a neuropathic child and a psychopathic adult.

Symptoms and diseases of a mental nature are better understood by one who has made himself thoroughly acquainted with the special physiology and psychology of a child or adult than by one who limits his knowledge to the elaborate classification of the clinical forms of insanity met with in the text-books.—*Wm. B Noyes, M. D., of New York, in N. Y. Med. Jour.*

Causes and Treatment of Premature Baldness.

The blood supply of the scalp being contained in the fibrous tissue is readily compressed with cutting off of the blood supply, and, as a consequence, the hair falling out. A tight hat will also press on the vessels, causing the hair to lose its source of nutriment and ultimately fall out. The old theory of continuously wearing a hat, thus prohibiting the air from circulating through the hair, and as a result baldness, is probably not correct. The scalp is supplied by the frontal, temporal and occipital arteries, which are so placed that a tight hat would readily compress them, thus bringing about a gradual dimunition of blood supply with subsequent baldness.

The treatment is to primarily get the blood supply of the hair in a perfectly healthy condition, which in itself will go a long way towards bringing about the desired result. This is best accomplished by massage, which loosens the fibrous tissue, and thereby allowing the arteries to fully expand and give a full supply of blood to the follicles. The scalp should not be merely rubbed, but must be slid over the bones until it is perfectly moveable. This procedure should be accomplished twice a week, particularly over the course of the main arteries, and instruct the patient to do this on himself every night until the scalp becomes soft and pliable, which is generally accomplished in two or three weeks. The scalp in the meanwhile will have turned from a dead white color to a healthy pink. Combined with this procedure, if the hair be oily, thin and not completely bald, a thorough brushing for several minutes, morning and evening, with a stiff bristle brush, is very beneficial. This not only further stimulates the scalp, but cleans both it and the hair from dandruff, dirt, etc., which has accumulated during the day. The brushing should be vigorous, though not rough, with care taken not to force the ends of the bristles into the scalp at the beginning of each stroke, as is so common. The length of the time of brushing is best determined by the patient, as some have more tender scalps than others.

Singeing the hair is another step in the treatment which cannot be spoken of too highly. As before mentioned the hair splits on the ends, and these split ends are not only removed by singeing, but the hairsare hermetically sealed by little balls forming on the end of each, thereby keeping the natural oil from evaporating and putting less tax on the follicle. This should be done once a week until the hair stops falling out, and followed by a thorough brushing with a stiff brush, to cleanse the hair and scalp of burnt hair and debris, and finally by washing with warm water and a good soap containing tar, or pure castile soap.

The drugs to be employed of course vary, as do the causes of this condition. It purely from neglect and accumulation of dandruff, the hair being dry and brittle, the following suggests itself: Nux vomica, quinine, castor oil and spirits of cologne in ap-

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propriate quantities. If the hair is greasy a wash containing cantharides, capsicum, quinine, alcohol is demanded, and where it does not appear to be either dry or greasy a wash containing tannic acid, jaborandi, quinine, glycerin and cologne may be used. All these, of course, are to be used in conjunction with the massage and brushing, for indeed in such cases the use of drugs is a minor rather than an important part of the treatment.

In a few weeks, under this treatment, new hair will be seen coming, and if persevered in a thick, healthy growth of hair will be the result in a few months. This treatment will also include all cases of seborrhea sicca.—*Dr. Skillern in Medical Summary.*

Lime the Cause of the Hemostatic Action of Gelatin.

Many views have been entertained as to the mode of action of gelatin, and so far its use has been purely empirical. Probably the most widely-accepted opinion is that of Lancereaux, who supposes that the gelatin solution is taken up by the lymphatics from the subcutaneous tissues into which it is injected, from which it reaches the blood; that no reaction takes place at the bleeding point, and that here the clot begins to form on the injured intima of the bleeding vessel. He expresses no opinion as to what the nature of this reaction may be, but gives the impression that the gelatin acts as such.

The question of this reaction has been studied by Zibell, of Greifswald (*Munch. Med. Wochenschr.*, October 15, 1901), who has recently conducted accurate analyses of four grades of gelatin obtainable on the market. He finds that the better grades of gelatin yield 1.5 per cent. ash, of which 41.6 per cent. is calcium oxide, giving a calcium content for the gelatin of 0.6 per cent. Comparing this with magnesium, iron and phosphoric-acid contents, which were respectively 0.05, 0.01 and 0.06 per cent., it may be seen that the calcium forms by far the greater proportion of the solid constituents. The usual quantity of gelatin solution injected (200 c.c. of a two per cent. solution) would therefore contain 0.024 gram of calcium.

The necessity of the presence of calcium in the blood in order that coagulation may occur, and the increased coagulation following the addition of an excess of calcium to the blood, is well known, and has led to the administration per mouth of inorganic salts of calcium in hemorrhages of many sorts. Zibell suggests that gelatin forms a means for the prompt absorption and easy diffusion of calcium into the circulation, and that this is the basis of its action.—*Interstate Med. Jour.*

Tuberculosis Treated with Carbonic Acid.

Dr. Hugo Weber, of St. Johann-Saarbrücken, writes in "Medico," (Berlin, September, 4, 1901) "On the Treatment of Tuberculosis of the Lungs by Means of Carbonic Acid," and shows that all the recognized methods of handling the disease are finally dependent upon it. Besides the various nutrient and therapeutic measures which he recommends, he lays especial stress upon increasing carbonic-acid production by the administration of Levulose, which is oxidized in the body much more completely than any other sugar, and hence is well borne by diabetic patients also. He administers a heaping tablespoonful of Schering's preparation four times daily. And since Levulose is a nutriment rather than a medicine, it does not matter whether it is taken before or after eating, or with the food and drink. The classical investigations of L. von Aldor and Clemm (*Therapeutische Monatshefte*, August, 1901) have shown that fruit sugar or Levulose increases the amount of gastric juice whilst diminishing its acidity; hence it is not only a most excellent nutriment, but actually aids and stimulates digestion. No wonder, he says, that he has been able to cure a whole series of cases in the initial stage of phthisis pulmonum with this medication alone. In advanced cases of tuberculosis, where cavitation had occurred, Levulose, or the production of

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carbonic acid by any ordinary means alone was not sufficient, and Weber employed hypodermic injections of chemically pure liquid paraffine, with the idea that then hydrocarbon, when absorbed by the body, would be converted into carbonic acid and water. By this combined process, Levulose internally and paraffine injections, he has been enabled to cure patients in advanced stages of tuberculosis, such as are often met with in ordinary practice. Out of the fifty-two cases which were reported in the March number of the *Therapeutische Monatshefte* of this year, he has cured thirty-two, fourteen are considerably improved, and only six have died.

Chronic Cough of the Aged—Its Rational Treatment.

By C. A. GILBERT, M. D
Danbury, Conn.

There is perhaps no more unsatisfactory condition to treat than that form of chronic bronchitis which is so frequently met with in old persons whose joints have become stiffened and enlarged with rheumatism, and who are harassed and worn with a harsh, suffocative cough, the worst paroxysms of which usually occur in the latter part of the night or early morning hours. The cough is accompanied by the expectoration of a thick, tenacious mucus, which, as one writer states, "is dislodged with so much difficulty that in the midst of the more violent paroxysms the action of the stomach is reversed and its contents ejected by vomiting." Although it has been found that the condition of these patients is very generally ameliorated during the warm months of the summer, yet on the whole they emaciate and grow more helpless from year to year, until they die either from exhaustion or the supervention of pulmonary sclerosis (fibroid phthisis), endocarditis, or chronic diarrhœa.

The fact that so many of these patients die in the manner described is sufficient evidence that the disorder is not altogether local, but one which affects the entire nutritive system; in other words, it is the same disease which has been so long (and not inaptly) styled by the laity "old fashioned consumption." The term "consumption," as used here, is applicable to the complaint, not because of pathological lesions which exist, but because of the gross symptoms manifested, —*e.g.*, cough, loss of strength and appetite, and emaciation. It has long been recognized, in these cases, that food is illy borne, and that, owing to the failure of the digestive organs to properly perform their functions, the vital powers gradually become weakened from lack of nourishment.

It will be seen, therefore, that the treatment here is essentially that of any wasting disease, but that the lining membrane of the alimentary tract and bronchi requires especial attention. From time immemorial, the various oils and their emulsions have been prescribed for their demulcent effect upon the sensitive bronchial surface. Recent experiments have demonstrated that the oil of petroleum possesses distinct antiseptic properties, not only preventing fermentative properties in the intestinal tract, but increasing the absorption of proteid foods—thereby causing a marked increase in the patient's weight.

The value of petroleum in relieving the cough of phthisis has long been known, but owing to the crude form in which it was necessary to administer it, many physicians had ceased to employ it. As a result, however, of increased facilities in the pharmaceutical art, a finely divided form of the oil has finally been evolved, and the profession have now presented to them a preparation of petroleum in purified form, known as Terraline, which is not only palatable but easily absorbed, and produces none of the disagreeable eructations so common to most oils. This preparation has of late been introduced into many hospitals throughout the country, and the most favorable reports have already been given out concerning its therapeutic value in phthisis and other wasting diseases.

The writer has recently employed this

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agent in the treatment of intractable cases of cough in elderly people, and the success obtained in every instance has caused him to abandon all other modes of treatment for the relief of this condition. The great advantage of Terraline over the stereotyped "cough mixture" lies in its remarkable antiseptic action and power to aid intestinal absorption, causing an increase in weight which cannot be obtained in any other way. Its action, too, in assuaging bronchial irritation and relieving expectorant cough, is unequaled by any other drug, thus rendering it an agent of especial worth in the cases we are considering. The following is cited here as an illustration of its value in this connection:

Mrs. G., married, aged 66, of an exceedingly frail physique, had been troubled every fall and winter with a harassing cough, which would last until the advent of summer and warm weather. She was gradually failing in health and bodily strength, and grew thinner and weaker from year to year. She complained of poor appetite, and, at times, suffered considerable distress from flatulence after eating. The cough would come on in paroxysms the first thing upon arising in the morning, the patient becoming completely exhausted in her efforts to dislodge and expel from the bronchi, the pellicles of viscid, tenacious mucus. Violent paroxysms frequently occurred during the night, causing loss of sleep, which resulted in severe headache the following day.

Auscultation revealed moist râles in the larger bronchi, front and rear, over both lungs, which were plainly apparent to the patient herself while lying down at night. The breathing was labored and noisy, and cough invariably resulted whenever a deep inspiration was taken. Entrance into the open air also resulted in a fit of coughing which would continue unabated until the gelatinous mucous particles were raised with difficulty and expelled. Very little solid food was taken without causing distress, and, sometimes, vomiting. Faulty digestion had produced an illy-nourished condition of the system which was manifest to the most careless observer. The patient was slowly but surely breaking down from lack of sufficient nourishment.

The various oil emulsions had been tried in this case, but, owing to the gastric irritation caused, had to be discontinued. Innumerable "cough mixtures" were also taken; but, in no instance, was anything but temporary relief obtained. When seen early in September of the present year, the patient was quite discouraged of ever obtaining permanent benefit from any form of treatment, and asked that only anodynes be administered. Believing, however, that the antiseptic and soothing properties of petroleum would prove beneficial here, Terraline was ordered and prescribed. A dessertspoonful, in sherry wine, was given four times daily, after meals and at bedtime. The results of this treatment were manifest from the start. The appetite improved, the bowels became more regular, the cough was markedly lessened, and the patient became more hopeful. At the end of the month, it was evident that a hopeful prognosis was assured. For the first time in many weeks, solid food was eaten with a relish and digested. An increase in weight and strength was apparent, and the cough had dwindled down to an occasional hack or two in the early morning, resulting in the easy expulsion of a little non-viscid mucus. The râles were barely discernible in some of the larger bronchi and full inspirations could be taken without coughing.

The results of the treatment in this case were so marked, that it would seem that petroleum in this form may be considered almost a specific because of its demulcent and antiseptic effect, in the relief of bronchial and intestinal irritation. The writer feels that it is a remedy which merits especial recognition, and trusts that further reports will be made concerning its action in similar cases.

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ITEMS.

(*Denver Medical Times.*)

Axilliary Temperature.—The mean temperature of normal individuals in this location is 97.4 degrees F.

Phantom Tumors.—Fitz considers that a large proportion of these cases consist really in idiopathic dilation of the colon.

Sugar and Casts in the Urine.—Albumin and casts are frequently found in diabetic urine, particularly when coma is coming on.

Epileptic Hypothermia.—Periodically recurrent subnormal temperatures, are of common occurrence in epileptics.

Subinvolution.—For delayed uterine involution, the *Clinical Review* recommends tablets of ergotin, hydrastinine and strychnine.

Senile Insomnia.—In obstinate cases James Sawyer (*British Medical Journal*) recommends bromides, with full doses of hops or henbane.

Intestinal Carcinoma.—Boas believes that the most important sign of bowel cancer is stenosis, manifested by visible and palpable peristalsis.

Icterus Neonatorum.—Musser recommends a grain of ammonium chloride in a teaspoonful of syrup of acacia every two hours, along with a mild laxative and diuretic.

Deafness Following Mumps.—F. W. Jollye reports a case of this kind cured by the administration of pilocarpine, subcutaneously at first and then by the mouth.

A Remedy for Snoring.—The editor of the *New York Medical Journal* narrates the case of a middle-aged and most sonorous snorer apparently cured by suprarenal capsule.

Variola.—Charles Begg (*Medical Record*), asserts that salol abolishes all irritation and pruritus, when given in the dose of 15 grains three times a day. Maturation is also usually prevented.

The Urine of Suppression.—In obstructive cases the urine is pale and watery, without albumin or casts. In non-obstructive suppression, the urine is concentrated or albuminous, with blood and casts.

Cancer of the Breast.—In cancer of the breast the presence of a large amount of fat renders less easy a thorough removal of the glands. Hence the prognosis of cure or prolonged survival must be more guarded in fat than in lean women.

An Appetizer in Chlorosis.—Dr. Max Kahane (quoted in *New York Medical Journal*), recommends equal parts of compound tincture of cinchona and tincture of orange peel. The dose of the mixture is 15 to 20 drops in half a glassful of water before meals.

Idiopathic Diaceturia.—In children, says Woody, there sometimes occurs an idiopathic autointoxication, attended by malaise, thickly coated tongue, constipation, little or no fever, vomiting, dyspnea, jactitation, coma and death, or recovery in two or three days.

Epistaxis.—When bleeding from the nose cannot be controlled by compression (*Interstate Medical Journal*), cocaine should be applied, the bleeding point located and treated with the dark red thermocautery until this cools, then apply a 5 per cent. solution of zinc chloride on a tampon.

Clubbed Fingers.—Sickly, pale children with clubbed fingers may have chronic bone disease, or bronchiectasis, or congenital heart trouble, but in the great majority of instances there is an empyema, and hence the necessity of always carefully examining the lungs in this class of children.

Plastic Operations.—In all plastic operations it is important to remove the stitches as soon as possible. If left too long in the skin they will cause the formation of small scars, while if the operation has been done through mucous membranes the cutting through of stitches causes the formatiom of little tags.

How Drugs Affect the Color of Urine.—The urine is green after taking saffron or salicylic acid; orange from chrysophanic acid and santonin (alkaline carmine); brown from senna (alkaline blood red); smoky brown or black from tar, salol, gallic acid, resorcin, uva ursi, and naphtalin; reddish from logwood (alka-

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line violet) or fuchsin; bright yellow from picric acid; blue or greenish-blue from methylene blue or methyl violet.

Uric Acid.—This is a subject, which, owing to the persistence of Haig, has become very prominent in medical circles, although the total normal daily quantity is only from .4 to .8 gram. It is derived largely from food and drink, particularly young meats, broths, tea, coffee and cocoa, all of which contain extractives and alkaloids closely allied to uric acid. In the body leucocytosis is the chief source, the nuclein breaking down into uric acid. In chronic arthritis the uric acid in the urine is diminished, since it is stored up in the joints, and the same is true of chronic gout between exacerbations. The chief points in the treatment of uricacidemia are to leave off the common beverages and to restrict the diet chiefly to milk, cheese, toast or crackers and vegetables. The effervesing phosphate of sodium, four times daily on an empty stomach, is perhaps our best single remedy.

Varicocele.—According to Senn, this condition is present in one man out of four between 8 and 30 years of age. Of itself it seldom gives rise to any noticeable disturbance, and patients who apply for treatment do so in consequence of nervous derangements entirely separated and independent of the enlarged spermatic veins.

Biliary Lithiasis.—According to the *Interstate Medical Journal*, this condition can be treated with some hope of success by persistent administration of sodium benzoate and salicylate, in 30 to 40-grain doses, three times daily before meals. The treatment should be continued ten or twenty days each month for at least a year.

Long Bougie.—When investigating the rectum with a long bougie it is always well to remember that there are two possible sources of error. In the first place the instrument may so double over that a mistaken idea of the length of the channel will arise. On the other hand, the bougie may be arrested by one of Houston's folds, thus simulating a stricture.

Incomplete Operation for Cancer.—It is only permissible to do an incomplete operation for cancer when it is knowingly performed with the object of relieving pain, soothing the imagination by giving the patient a faint hope, and getting rid of a loathsome sore, and because we know that recurrence in a scar is usually much less painful than the original ulcerative process.

Urinary Phosphates.—Diminished total phosphates, according to Purdy, are an important indication of renal insufficiency, and one which he values as highly as albuminuria in the diaguosis of Bright's disease. There is also a marked diminution in chronic lead poisoning, a fact which, with the history, should lead us to boil down a pint or more of the urine with oxidizers, and then test for lead.

Oxaluria.—Microscopic urinary sediments frequently contain few or many calcium oxalate crystals. Physiologically this deposit may be due to the ingestion of one of many fruits or vegetables, such as beets, rhubarb, tomatoes, spinach, sorrel, cauliflower, celery, carrots, beans, asparagus, apples, pears, grapes, peas and cabbage. Claret and effervescing drinks have the same effect. Occasionally, when the urine stands for some time, calcium oxalate crystals may form urates and uric acid. Pathologically oxaluria is noted especially when there is defective digestion of fats and carbohydrates, with nervous and flatulent dyspepsia. The classic symptoms of oxaluria, due to indigestion as well as the irritation of the hard, sharp crystals, are vesical tenesmus aud pain across the back, sometimes extending down the thighs or into the testicles; sexual neurasthenia and hypochondriasis.

WANTED.—A short to-the-point article on pneumonia: don't object to several. Creosote treatment specially desired.

Doctor, when you send in your subscription, give us the names of any new physicians who have located in your vicinity within two years past, and hence are not in the Physicians' Register. We want them to see a copy of "The Council."

I enclose $1.00, for which please send me three additional books for your Physicians' Pocket Account Book. I have one filled up. Please send immediately. I like it very much. Dr. J. A. Freeman, Millington, Ill.

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Child-Bearing Among the Natives of Africa.*

By SILAS F. JOHNSON, M. D.
Los Angeles, Cal.

This brief paper is based upon observations made during six years of practice among the interior tribes of West Equatorial Africa.

First, let us note some points to be borne in mind if we would profit by a study of child-bearing among women whose environment is so totally different from that of the women of this country.

The life of African women is an outdoor life, and they are the possessors of splendid physique and remarkably good health.

Neither they nor their mothers before them have ever been injured or deformed by clothing, tight or otherwise. I have never discovered any signs of rickets among them, hence contracted pelves are, to say the least, very rare.

They live very largely on a vegetable diet, and as a rule bathe every day.

The girl is married while still a child, but does not, as a rule, assume the duties of a wife before puberty, at which time she does so.

I believe the average girl there does not reach puberty before her 13th year, popular opinion to the contrary, notwithstanding.

It is rare for conception to take place during the first two or three years of menstrual life.

So far as I know, nothing is ever done to prevent conception or produce abortion.

The signs upon which they base a diagnosis of pregnancy are, principally, absence of menstruation, morning sickness and enlargement of the abdomen.

Enlargement of the abdomen is more significant there than here, as abdominal tumors are very rare.

During the tenth "moon" of her pregnancy the woman goes to her mother's village, if it is not too distant, and does not return until her child is about a month old.

When labor comes on she goes alone into a hut and closes the door.

On the ground in one corner of the hut a sort of basin has been formed of banana leaves, and filled with a decoction of bark and leaves.

The woman frequently sits down in this basin, bathing the external genitals and adjacent parts in the decoction, and into this basin the child is sometimes expelled.

If after long effort she seems unlikely to succeed, her mother and other women go in. Some scold her, some advise her, others drench her with cold water. No man ever enters the hut. There is no physician, no midwife; no digital examination is ever made, nor any attempt at extracting the child. Nature is allowed to take its course, and is, often, fatally slow.

Immediately after the child is born, the cord is crushed off with a piece of split bamboo, the reason given being that, if cut with a sharp instrument, it bleeds too freely. It is not tied.

The woman herself takes the placenta into the bush and hides it, as it is their belief that it must do service again if she is ever to have another child.

The child is washed by pouring cold water over it, the hand serving for both sponge and towel.

A piece of vine the size of wrapping twine, tied around the wrist is considered sufficient clothing until the child is about five years old.

They expect the cord to come off on the third or fourth day, after which event the child's head is shaved.

Umbilical hernia is very common, especially among girls, and one the size of a lemon is considered quite an ornament and not in any sense a source of danger.

The mother considers herself able to sit up immediately after the birth, but she does no work for about a month.

Abscesses of the breast are not infrequent.

Sexual intercourse is prohibited until the re-establishment of menstruation. This is for the sake of the child at the

*Read before the Southern California Medical Society, December 4, 1901.

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breast, since as there is no artificial feeding of infants, it is important that the mother's milk-supply be not interfered with by another pregnancy.

Children often nurse until three years old.

Deformed children are rare, barring supernumerary toes, which are plentiful.

Ophthalmia neonatorum is unknown, due, doubtless, to the absence of gonorrhea.

Medicines are administered to children through the nose.

Babies are encouraged to stand and to walk at the earliest possible day, and, although the people are quite innocent of trousers or skirts, yet I have not seen a pair of bow-legs.

Notwithstanding their free outdoor life, good health, fine physique, a strong desire to bear children, and their freedom from the ravages of gonorrhea, many of these women are sterile.

Their social customs are such as to exclude in almost all cases the possibility of its being the husband who is sterile.

Perhaps the custom of more or less indiscriminate sexual relations may be a factor in accounting for sterility in some cases, yet in others this same custom must favor conception.

The majority of these women who die in childbed die because they are unable to expel the child, and this very often with a normal pelvis and a normal presentation.

My experience there has led me to believe it very often due to exhaustion from lack of nourishment and rest during a long and trying labor.

Then, too, they often become frightened, having no one in whom to place confidence, or to look to for help, and this adds to their exhausted and wretched condition.

These African women doubtless escape some puerperal fever, because of the absence among them of the ever-ready examining finger, and the hand so quick to "bring down a leg." Doubtless they escape also many lacerations by not being subjected to hasty or unskillful forceps deliveries; but, on the other hand, many of them are subjected to terrible suffering, and lose their lives and the lives of their children, for lack of a little well-timed nourishment and a sleeping potion.

Some lives are lost for lack of a little clean, skillful manipulation at the hands of an obstetrician, and many more for lack of a few well-directed tugs with the Whiteman's forceps.

Twentieth-century civilization and twentieth-century obstetricians may have much to answer for, but certainly their balance is on credit side.—*South. Calif. Practitioner.*

Practical Significance of Lactation Atrophy of the Uterus.

(W. Thorn in *Muenchener Med. Wochenschrift*, Nov. 19th.)

According to Thorn, the number of women unable to nurse their children is constantly increasing in Germany. It almost seems, he remarks, that Germany is taking its place beside France, at the head of the procession. Progressing civilization entails this inability to nurse, as exemplified in the history of India, Greece and Rome. Mothers unable to nurse their offspring are less resistant and suffer from various general and local disturbances. The physiologic process—lactation atrophy of the uterus—is interfered with. Under normal conditions, the body of the uterus becomes atrophied during lactation, and normally is accompanied by amenorrhea, although ovulation continues. Complete regeneration follows after the weaning of the child, or at least within six weeks. If the cervix or ovaries are involved in the atrophy, or if it extend beyond, the amenorrheic nursing woman should be strengthened by abundant nourishment, and the nursing should be interrupted at intervals, to restore the atrophy to its physiologic limits. If this can not be accomplished, the child must be weaned. No woman, especially if amenorrheic, should nurse for more than a year, and eight months should be the average for moderately strong, amenorrheic women, unless in special circumstances. No local treatment of the atrophy is necessary, not even for the frequently accompanying retro-displacement. An acute

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intercurrent disease does not interfere with regeneration. If the atrophy persists for more than six weeks after weaning, local treatment should be instituted as a supplement to general tonic measures. During the period of atrophy the walls of the uterus are very soft and thin, and consequently no instruments should be inserted, or should be employed only with extreme caution. Women who menstruate more or less regularly during lactation do not present this atrophy of the uterus. The cavity of the uterus in the typical amenorrheic cases becomes reduced to 4.5 cm. and the walls to a few millimeters thick, but the cervix and the ovaries retain their normal size. Frommel has reported that regeneration did not occur in any of the 28 cases he observed, but his material was all gynecologic. All of Thorn's 25 patients returned to normal conditions at the normal time. They were healthy obstretric cases.—*Jour. Am. Med. Assn.*

Lotions for Falling Hair.

La Mëdecine Moderne, July 17, 1901, recommends:

(1) Formaldehyd (40%) . . . . . 7.5 minims
Pilocarpin nitrate . . . . . 30 grains
Tincture of cantharides, Tincture of jaborandi, Tincture of nux vomica } of each, 1 ounce
Compound spirit turpentine, Spirit of lemon } of each . 1½ ounces

(2) Formaldehyd (40%) . . . . . 4 minims
Chloral . . . . . 22 grains
Methyl alcohol . . . . . 3 ounces
[L. F. A.]

—*Am. Med.*

All physicians should be interested in the esthetic improvement of the city, town, or village in which they live; consequently, all COUNCIL readers should send to Jessie M. Good, Springfield, O., Organizer of the American League for Civic Improvement, for valuable ideas and for prospectus of "The Twentieth Century City."

I take this opportunity of expressing my appreciation of "The Council." It is certainly the most practical journal that I have ever had the pleasure of reading.

I have also derived great benefit from the use of your Physician's Pocket Account Book, especially as regards saving time.
Reading, Pa. DR. W. S. YODER.
Price, $1.00. See adv. page xxxv.

Book Reviews.

MODERN OBSTETRICS; GENERAL AND OPERATIVE. By W. A. Newman Dorlan, A. M., M. D., Assistant Demonstrator of Obstetrics, University of Pennsylvania, etc. Second edition, rewritten and greatly enlarged; 797 pages, 201 illustrations. Price, $4.00. W. B. Saunders & Co. Publishers, Philadelphia and London, 1901.

While the author claims the work as only rewritten, the change of name from "Manual of Obstetrics" to "Modern Obstetrics," with the many rewritten sections, make it practically a new work. The division of physiologic and pathologic Obstetrics is still retained by the author, an easy classification for the reader, and one that places the article sought for easily found.

The revision shows careful and thorough study, the elaboration of the mechanism of labor is full and accurate, and accompanied by a number of well-executed drawings.

It would be difficult to point out each subject separately, as all are of the same high order of merit.

Puerperal sepsis has been entirely rewritten, brought up to date both in its medical and surgical treatment and is well worthy of careful study.

In the causes of puerperal convulsions, while the kidney and its diseases are carefully noted, the author seems inclined to the opinion that the *role* of the liver is of paramount importance, and that in the majority of cases is the cause of the convulsions; the author can justly claim the priority of inserting in his work the "Liver Role in Puerperal Convulsions."

Dystocia, with its complications and management, both manual and instrumental, is thoroughly and carefully described; nothing is left wanting.

The pathology and management of the newborn is enlarged and covers a great deal more ground than in the manual.

The book is well worthy of study both by the physician and the student, and should be on their shelves for constant reference.

We have read with interest two well-written pamphlets, "The Pancreas in its Relation to Emaciation and Decline," and "Creating Hunger When the Appetite Fails," put out by the Charles N. Crittenton Co., 115 Fulton St., New York. COUNCIL readers should send for them.

William R. Warner & Co., Philadelphia, have issued a very valuable Dose Table in chart form, suitable for hanging in the office for instant reference.

A very desirable Chart of Diseases of the Lungs, Pleurae, Bronchi, Trachea and Larynx, containing valuable information in condensed form, also a calendar, has recently been distributed among physicians by the McArthur Hypophosphite Co. of Ansonia, Conn. If you have not received one it is worth your time to make application.

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SOME EXTRACTS FROM OUR DAILY MAIL

In order that our readers may see what others think of the earnest work we are doing, we quote below a very few of the thousands of letters of appreciation we have received this season. It is a great satisfaction to know that we are doing a work that meets with the approval of the better class of the medical profession.

I am perfectly delighted with your book, "The Physician as a Business Man." It is a much-needed work among the profession in this locality, and I suppose everywhere else. This makes about four years I have been a subscriber to THE MEDICAL COUNCIL, and I must say it is without doubt the best journal I ever took. This also makes three years that I have used your Physician's Pocket Account Book, and I wouldn't have anything else as long as I can get one. Yours respectfully,
Laurens, S. C. B. F. GODFREY, M. D.

I used the Physician's Pocket Account Book last year and find it the Ideal Book for the Doctor. With best wishes for yourself, and with the wish that THE COUNCIL may live long to enlighten the busy doctor. DR. W. H. TUCKER, JR.
Double Bridges, Tenn.

Enclosed please find two dollars for which keep on sending your valuable MEDICAL COUNCIL for another year and three books of Physician's Pocket Account Book. I like the book better than any I have ever tried, and I have had a number of them. It is very practical and easily kept and always ready. THE MEDICAL COUNCIL is also a favorite with me, otherwise I would not renew my subscription. Yours respectfully,
DR. G. S SCHURICHT.
1027 St. Ange. Ave., St. Louis, Mo.

I used your Account Book during the past year, and think it the most admirably arranged of any I ever used. Very truly,
Mansfield, La. DR. E. I. PERSINGER.

THE COUNCIL is a much appreciated paper with me and the Account Book cannot be equaled.
Yours truly,
Lisbon, Pa. DR. W. C. R. FORD.

I want to say that previous to using your Physician's Pocket Account Book I lost a great deal by not keeping accounts correctly. Having employed one in the past two years I find it a money-saver and convenient as well, and do not wish to be without it. DR. S. L. KNEPPER.
Conklin, Mich.

THE MEDICAL COUNCIL is the best monthly I get. I cannot see how any physician can afford to be without it. Fraternally yours,
DR. J M. BOWMAN.
Box 770, Manhattan, Kas.

I used this Account Book during the year just past, and it is only simple justice to say that it "knocks out" everything in the shape of an Account Book for Physicians that I have ever seen.
Very respectfully and fraternally yours,
Mechanicsville, Md. DR. ZACH. H. MORGAN.

I have cut down the number of journals for the coming year, but could not do without THE MEDICAL COUNCIL as it is the best journal I take.
DR. W. J. RIGGS.
89 S. 15th Street, Pittsburg, Pa.

I have taken your journal since its first publication and consider it the best monthly in the field. It is helpful and discusses everyday needs. Wishing you a prosperous year, I remain
Yours respectfully,
Muskegon, Mich. DR. R. G. CAVANAGH.

I am in receipt of December, 1901, issue of THE COUNCIL, the first issue that I have ever seen; and, after reading it carefully, do unhesitatingly say that it is the best medical journal I ever had.
Yours truly, DR. J. B. PAYNE.
Lumberport, W. Va.

I enclose herewith one dollar for which please continue my subscription. Thank you for the high-toned journal your are giving us.
Yours truly, DR. FRANK W. GARBER.
Muskegon, Mich.

Count on me as one of your stand-bys as a subscriber. Enclosed please find money-order for $3 in payment of advance subscription for four years.
Yours, etc.,
Shelburne Falls, Mass. DR. J. S. OUTHOUSE.

Doctor, send us two new subscribers to *The Medical Council*, at $1.00 each, and we will pay you by sending you either the Account Book, "The Physician as a Business Man" or "Practical First Principles."

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New Ideas.

Doctor, the advertising pages of a journal determine to a large extent its true character. We reject advertisements of popularly-advertised nostrums, as "family laxatives," coca wines, emulsions, etc., that lead the patients to self-prescribing. Look over our pages and write to every advertiser therein, mentioning THE COUNCIL.

Wanted—Copies of THE MEDICAL COUNCIL for the following issues:

1901—January, February, and June.
1900—June.
1899—May.
1897—September.

Send any of the above to this office, identified by your name and address on the wrapper, and we will put your term of subscription forward double the number of months in compensation. THE MEDICAL COUNCIL, 12th and Walnut Sts., Philadelphia.

Doctor, do you carry your own medicines with you for dispensing? If so, you will find the granules of the active principles very convenient and effective. Write to the Philadelphia Granule Company, 1127 Walnut Street, Philadelphia, for a copy of *The Alkaloid* and their Therapeutic Price List.

"Watchman, What of the Night?"

How shall be told the tale?
Brave 'gainst brave, what avail?
Wild on the wind the wail
For innocents slain.

Helpless in death camps thrown,
Flower of the grass down mown—
Teeth of the dragon sown
For harvests of Cain.

Ashes of desolate hearth,
Smoke of the burning earth,
Wraiths of hunger and dearth,
Heap on us the curse—

Can'st build with vengeance and hate
As corner-stones for thy state.
O England? Spurn from thy gate
The tongue of deceit.

What boots it, thine Empire's pride,
Thy rule of the waters wide,
When thy purple cannot hide
Famisht ones at thy feet?

—WALTER CRANE, in *London News*.

Martin H. Smith Company, 68 Murray Street, New York. Being constantly in the treatment of a considerable number of phthisical hospital patients, it is in order for me to state, that in the persistent cough so harassing to the patient, and preceding or accompanying "Pulmonary Hæmoptysis or Hæmorrhage" I have found "Glyco-Heroin" (Smith) an invaluable remedy, applicable in the vast majority of cases of phthisis pulmonalis, and far preferable to combinations of morphia or codeia. I also find this happy combination exceedingly valuable in the troublesome, dry, so-called stomach cough following la grippe, and supposed to be dependent on irritation of the pneumo-gastric nerve. Chs. Brewer, M. D., Resident Physician, N. J. State Prison.

Plausible Theory.

She—"I wonder why a man's hair turns gray before his beard."

He—"Oh, that is easily explained. There is usually about twenty years' difference in their respective ages."

The pioneer capsule makers in America are the old and reliable house of H. Planten & Son, 224 William Street, New York. Send to them for catalogue, samples, etc.

An Important Discovery.

"I see in the paper," said Uncle Abner, "that a new kind of patent medicine has just been put on the market that will cure everything" "Well, well," said Aunt Rachel, "and both of Jed Larkin's boys is goin' to a medical college. It seems when lots of folks goes fittin' themselves for a profession somethin' happens to make that profession unprofitable."

Sanmetto in Frequent Micturition and Nephritis Following La Grippe.

I used Sanmetto in the case of a man 78 years of age, recovering from la grippe, troubled with frequent micturition and chronic nephritis. The result of the agent was completely satisfactory. Have used it since in cases of irritable bladder with pleasing results. A. Blodgett, M. D, Benecia, Cal.

For a great many years the Seeley Hard Rubber Trusses have been the standard of excellence. If you would like to know all about them, send for catalogue and life plates, to Chesterman & Streeter, 25 South Eleventh Street, Philadelphia.

Bits of Wisdom.

"The accuracy of our present medical diagnosis is but the expression of careful clinical study followed by patient post-mortem investigation."

"To say that insanity, or in fact any of the neuroses or psychoses, are inherited would be a verbal fiction. It is an unstable nervous organization that is inherited."

"There is an irritable, and restless, unhealthy mental action engendered by excess of work or pleasure or superinduced by intemperate indulgence in alcoholic drinks, and in which well-chosen music has a decidedly beneficial influence."
—*Peoria Med. Jour.*

Two farmers, at Dyea, Alaska, raised 25,000 bushels of potatoes this year, and will receive for them $2.00 a bushel. The potatoes are described as large, solid, mealy and palatable, and contain more sugar than potatoes grown in lower latitudes.

At this season, when there is so much grip present, and when people are exhausted by the business

(Continued over next leaf.)

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THE

Medical Council

A MONTHLY JOURNAL FOR THE PHYSICIAN AND SURGEON.

"WE FIND WISDOM AND STRENGTH IN COUNCIL."

J. J. TAYLOR, M. D., Editor and Publisher. | PHILADELPHIA, PA. | A. H. P. LEUF, M. D., Associate Editor.

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Address all communications and make all funds payable to Medical Council, Twelfth and Walnut Streets, Philadelphia, Pa., U. S. A.

Scarlatina.

Scarlatina is the most fatal of the eruptive fevers, and is one of the most contagious. Every effort should be made to prevent its spread from any existing case. This is, however, impossible without the intelligent and painstaking cooperation of those in charge of the patient. It is more malignant under six years of age than after this time, except in the case of adults, in whom the existence of the disease is pretty fair evidence of unusual susceptibility. The best preventive against the spread of the infection, is strict isolation of the patient and its care-takers, together with disinfection of the discharges from the patient, his clothing, and bed linen, and the washing of the surface of the entire body with a non-irritating antiseptic. Whether scarlet fever is contagious before the appearance of a rash or not, is a moot question in medicine, though we are inclined to believe infection highly improbable before the appearance of the rash. People should not alone be cautioned to remain away from scarlet fever on their own account, but more particularly to safeguard the many others with whom they come in contact, and who may be infected by them though they themselves escape.

This disease is more particularly dangerous to life because of its complications, the most prominent and most dangerous of all being acute nephritis. Then there is the acute sore throat peculiar to this disease, inflammation from which readily extends up the Eustachian tubes into the middle ear, thus giving rise to deafness, earache, and otitis media, which last may also cause intra-cranial abscess by extension through the roof of the tympanic cavity. It is, therefore, very important to give strict attention to the sore throat of scarlet fever to prevent this extra train of inflammatory conditions. Even if the otitis media does not finally destroy life by involvement of the brain, it may lead to permanent deafness, or an offensive aural discharge. The throat should be looked after, whether complained of or not. We have seen pretty well inflamed fauces unaccompanied by pain, or, at least, not enough of this to cause complaint.

For some reason that is not clear to us, scarlatinal sore throat is quite often complicated with diphtheria. When this occurs, it is necessary to institute the most active anti-diphtheric treatment immediately. 1,500 or 2,000 units of antitoxin

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serum should be injected without delay, and the patient put upon one-tenth grain doses of calomel every hour until there is a decided recession of diphtheric symptoms, or there are frequent bowel discharges.

The joints are often inflamed in this disease, and when so, are supposed to be due to streptococci infection. Up to the present time, there is no better treatment for the alleviation of the incidental suffering than anodyne and counter-irritant local applications, and heat. In very severe cases, or even in the less severe ones that do not respond to treatment, it is probably wise to apply anti-streptococcic serum. These joint affections, usually designated rheumatic, are generally caused by infection, as stated, and are rarely, if ever, of rheumatic origin.

But of all the complications of this disease, nephritis is, by far, the worst. It may destroy the patient within a few days; may become sub-acute, and have this effect after some months; or it may become chronic, and destroy life after some years. There are different varieties of this complication, which it is not, however, necessary to go into. It may arise without warning, and run so rapid a course that treatment is without avail. It is probably due to the infection of the disease, though quite often apparently caused by chilling of the surface following premature exposure to too low a temperature.

The heart is also liable to damage in this condition, in many cases appearing to be directly affected by the action of the scarlatinal poison upon the nerve-centers governing this organ. Sometimes the heart muscle becomes affected. At other times it may be pericarditis, which is not at all strange when we consider that the pericardial sac is merely a joint between the heart and adjacent structures. The pleuræ may become similarly affected, and probably from like causes, while the lungs may show a bronchitis or a broncho-pneumonia. These symptoms require such treatment as the peculiarities of the case would indicate at the time. There are no specifics. Of course, a true, acute croupous pneumonia occasionally occurs, particularly when the kidneys are affected; and there is danger, in most cases, of edema of the lungs.

The nervous system is, of course, more or less involved in nearly every case, although it is not so often a complication as some authorities claim. When, however, there are cerebo-spinal complications, they are apt to be very severe. They may arise at any time.

Concerning the time at which scarlet fever is most contagious, there is every possible variance of opinion, from those who hold it to be contagious from the developments of the first symptoms preceding the appearance of the rash, at which time it is believed to be at its height, to those who maintain that it is not at all contagious until the rash appears, and most so toward the end of the disease, during desquamation. There are exceptions reported that disprove all of these contentions, which only goes to show that exceptions prove nothing, but that Nature does not follow an invariable rule.

The cause of scarlatina being unknown, it is, of course, largely speculative to attempt any specific mode of prevention.

The character of onset is no criterion upon which to base a prognosis. The mildest onset may be followed by a fatal issue; a severe onset, by an uncomplicated course, and an uneventful recovery. Nothing should be taken for granted in the handling of this disease other than one evident fact that serious complications may arise at any time with little fore-warning. These cases require careful watching and constant attention on this account alone.

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Treatment of this disease is expectant. It has its natural history with its own peculiar temperature. If this is not excessive, it should not be interfered with. Meddlesomeness should be avoided in this disease as in all others. Uncomplicated cases run a short course. The general plan should be to allow the disease to take its natural course so long as it does not threaten the integrity of the patient's structures. When it does this, it is time to suitably interfere. We should say that good nursing and a doctor with good common sense are better for a scarlatinal patient than being cared for by the over-educated nurse and a meddlesome theorist of a doctor. One of the greatest arts in medicine is to know when and when not to interfere in the natural course of a disease.

Were we to name one remedy more useful than all others in the treatment of this disease, we should, from our own experience, say chloral. The usual dosage should be from one-half to one grain for each year of the patient's age, not exceeding six to eight grains as the maximum dose, repeating the dose often enough to keep the patient in a slightly drowsy state. These directions leave much to the judgment of the physician as to the peculiar susceptibility of the patient, the degree of fever, and other modifying circumstances which must always be taken into account in the use of this peculiar drug. It is best administered in very dilute solution, gargling before swallowing if the throat is sore. It acts favorably upon every phase of the disease, destroying the specific germ, soothing the nervous irritability, relieving the fever, and protecting the eliminating organs, especially the kidneys, against infection. Under its use the course is usually mild and the sequelæ are prevented.

Pointers in the Treatment of Scarlatina.

A solution of boric acid is a good throat antiseptic. This may be used as a gargle or a spray, or it may be put up in the form of a lozenge flavored with peppermint or some other agreeable substance, together with sugar, for the use of children.

A solution of permanganate of potassium is one of the most efficient antiseptic nose and throat sprays that can be used in scarlatinal or any other form of sore throat. Its only drawback is that becomes extremely objectionable to many people after two or three days' use.

One or two per cent. menthol in oil or vaselin will ease the itching of scarlatina if applied to the affected parts at suitable intervals.

One great necessity for throat-spraying or irrigation in scarlatina is to guard against the extension of the inflammation into the Eustachian tubes, and the subsequent development of otitis media, and possible deafness.

Earache in scarlatina should receive immediate attention. Apply local heat, using either the hot-water or salt bag. Cocain may be dropped in the ear to relieve pain, and admit of a more thorough examination with the speculum. If the tympanic membrane is opaque and bulges, it should be freely incised, to relieve the tension by giving free drainage to the imprisoned pus, and should be irrigated two or three times daily with a hot antiseptic solution.

The urine of scarlatinal cases should be examined daily for evidence of acute nephritis. When this occurs, counter-irritation should be applied to the lumbar region, either by means of sinapisms or dry cupping, and the skin and bowels

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should be stimulated to unusually free action. If hot air is used to promote sweating, the patient's head should not be included, but should be left free to breathe the normal air of the bedroom.

A Simple Operation for Hemorrhoids.

Dr. J. Rawson Pennington, of Chicago, in the *Journal of the American Medical Association* of December 21, 1901, describes a simple and efficient method of removing piles. He uses, first of all, a specially made forceps with broad, margined ends, which he calls T-forceps. After the patient is placed in proper position and under an anesthetic, either local or general, the muco-cutaneous edge of the anus is seized with four of these forceps at equidistant points, and the anus is everted by traction in opposite directions. This causes the pile or piles to be brought into view with the mucous covering tightly stretched over their bulging surface. With scissors curved on the flat, he snips from the topmost portion of the pile an elliptic piece of this mucous covering. This is followed by enough free bleeding to empty the vascular mass constituting the pile of nearly all the blood, after which, the entire varicose mass is removed with scissors. The surface is then irrigated with a stream of hot sterilized saline solution at a temperature of from 115° to 125° F.

Bleeding may be arrested by torsion, and, this failing, by ligature, though he has never found this necessary. Irregular pieces, slightly projecting tumors, and tabs of skin are snipped off with straight scissors, care being taken, however, to avoid the muco-cutaneous junction, if possible, as this is the most sensitive part of the entire area. The operation-field is dusted with some antiseptic powder, and a rubber-covered tampon is introduced through a bivalve speculum. The tampon protrudes about one and one-half inches beyond the anal orifice, and is carefully wrapped up with gauze packed close to the anus. The anchoring string of the tampon is wrapped around a piece of gauze held close to one side of the tube, and woven into the other dressings, so as to prevent the tampon's slipping into or out of the rectum. Over this is placed gauze, cotton, and a T-bandage which is made quite taut.

At the end of forty-eight hours the patient is given a cathartic, and the tampon is removed, the latter procedure being easy and painless, as is also the stool which follows; and there is little or no bleeding. Following this, the parts should be washed or irrigated twice daily with an antiseptic solution, and dusted with some antiseptic powder. The stools should be kept soft for two or three weeks, for which the author recommends Apenta water. Pain or aching is best relieved with hot sitz baths of twenty minutes' duration.

He prefers the rubber dressing to the gauze or other porous materials, because: 1. It is neater. 2. Its removal is painless. 3. As the tender granulation-sprouts cannot penetrate it, as they do the gauze and other porous dressings, they are not broken off during its removal; neither is the fibrinous exudate disturbed. Hence, the healing process is greatly enhanced. 4. Another advantage, and one of no little moment, is that there is but little or no pain during the first and subsequent movements of the bowels.

The author's experience embraces 138 cases, in 29 of which local anesthesia was used.

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The Medical Aspect of Appendicitis.

Dr. W. E. Ford, of Utica, N. Y., last fall read a paper upon the above subject at the semi-annual meeting of the Medical Society of the State of New York, in which he maintained that appendicitis was a disease requiring only medical treatment in a large proportion of cases. This was demurred to by Dr. Herman Mynter, of Buffalo, who maintained that appendicitis was essentially a surgical disease, and that no serious case could ever get well without an operation. In fact, he held that appendicitis had no medical aspect, but that all cases of this disease should be turned over to the surgeon. In a communication from Dr. Beverly Robinson, of New York, which subsequently appeared in the *New York Medical Journal*, it was insisted that the surgical aspect of appendicitis had been much overdone, and its medical side almost entirely neglected. Dr. Robinson is almost as extreme upon the medical side as Dr. Mynter is upon the surgical. Both must be considered extreme in their views, though Dr. Robinson is perfectly correct when he insists that no case should ever go to the surgeon for operation without careful consideration by a thoroughly competent general practitioner. Unquestionably, very many cases of appendicitis, and severe ones, too, at that, recover without operation. We have seen unquestioned cases, with well-marked tumefaction in the iliac region, that fully recovered without surgical interference, and which did not recur up to several years afterwards. The necessary thing, however, about this disease, is to determine when the case requires operation and when it does not. Undoubtedly, it is giving the patient the best of the doubt to have him operated upon if he can be placed under favorable circumstances for such a step, and in the hands of an experienced operator. At other times, when the proper mode of procedure is doubtful, his chances would be better subserved by non-surgical interference. For instance, in distant places, being far removed from a hospital or from an experienced operator, and where the environments are unfavorable to operation. It is, also, an indisputable fact that many cases of "appendicitis," cured without operation, are really diseases of some other kind; but so, also, are there cases operated upon which prove to be typhoid fever, and ovarian disease, pus-tube, etc.; and that this statement may not be doubted, we simply refer to the fact that the appendix has been found perfectly normal in individuals whose abdomens have been opened, after a diagnosis of appendicitis, with the intention of removing this organ of unknown function. It is time, with the surgical experience now in our possession, to turn more to the medical side of this question, with a view to determining the best medicinal treatment for this condition, and learning all we can about the border line that separates the medical from the surgical case, so that we may be able to tell, with tolerable accuracy, by what to be governed in deciding to call in the surgeon for the removal of the condition that it is probably impossible to cure.

We invite especial attention to the excellent and practical series of articles upon certain diseases of the respiratory tract—Tonsillitis, Hypertrophied Tonsils, Diphtheria and Capillary Bronchitis—in this issue. These articles come at a time of greatest prevalence of these diseases, and hence should be the means of doing much good in the family physician's work this season. We hope others may be led to add some useful points from their own practical experience in these and kindred diseases. The family physician, with his magnificent clinical opportunities, can add much to enrich medical science.

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Malaria as a Cure for Cancer.

According to the *Medical Record* of December 7, 1901, in which there is editorial reference to a short article by F. Loeffler in *Deutsche Medicinische Wochenschrift*, October 17, 1901, there is some reason for hoping that an attack of malaria may cure cancer. Personally, we have had no experience in the contest of these two diseases for supremacy in the same individual, but would be glad to hear from others who have. The fact is mentioned that a Polish observer, Truka de Krzowitz, as early as 1775, claimed to have seen cases of cancer cured by the supervention of an attack of malaria. Should this be true, we would have discovered a most simple remedy for so horrible and increasingly prevalent a disease. It would be an exceedingly simple matter to inoculate a person with malaria, either with the blood of one already suffering with the disease, or by means of certain forms of mosquitos having the infectious element, and which could be obtained from one of the numerous laboratories now experimenting with this insect. We are satisfied, however, to abide by the clinical studies of a combination of the two diseases, and would be glad to have reports upon this subject from our readers. It is a most important subject for collective investigation, and we hope to have some reports upon it soon.

Co-operate With Us.

Doctor, if you do not happen to be a subscriber to The Council, we ask you to kindly and critically examine this number, submitted to you as a specimen copy with a view of securing your subscription. This is a fair example of what The Council is throughout the year. We have a constant aim in view, to help you at the bedside and in the consulting office. We will certainly make *each single issue* worth more to you than the trifling sum asked for the year's subscription—only one dollar. You should take at least four or more good, independent medical journals. It is not good professional or business policy to depend upon the flow of free sample copies of advertising or proprietary sheets for your medical reading. Come with us now, and not only send your subscription, but contribute your practical facts for our columns.

Treatment of Abortion.

Among the many most excellent articles in this issue, we desire to call especial attention to the article on "Abortion" by that veteran of half a century's experience, the venerable Dr. John Herbert Claiborne, of Virginia, who is so well known throughout the country, and especially in the Southern States. It is replete with the wisdom of thorough study and ripe experience.

To Send Coin by Mail.

While this is not a good practice, as drafts, checks, post-office money-orders, express money-orders, bills, or postage stamps are much safer, yet it is sometimes absolutely necessary to send silver change by mail. In such cases, if a coin-case be not at hand, the coin can be fastened to a piece of cardboard or pasteboard by crossed strips of adhesive plaster. Another method is to place the coin between two scraps of paper, to protect it from direct contact with the paste, then paste two pieces of cardboard together, including the coin in about the center between them. Who will suggest a better home-made coin-sender?

Bills or stamps can be sent by pasting to a piece of cardboard a dispensing envelope containing the funds, enclosing all in the regular envelope. While money is always at sender's risk, yet losses seldom occur.

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Original Articles.

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Radical Cure for Tonsillitis.

By J. P. LINDSEY, M. D.,
Owenton, Ky.

This paper is not intended as a discussion on tonsillitis in its acute form, but rather a discussion on the radical and permanent cure of this most troublesome disease.

Acute tonsillitis is a manifestation of a diseased condition of the tonsils in which hypertrophy exists in greater or less degree and from the follicles of which during the intervals of attacks is constantly exuding a cheesy excretion, which contains germs, pus cells and other deleterious matter, the swallowing of which is detrimental to health, causing dyspepsia, constipation and other troubles too numerous to mention.

The patient who has had one attack of acute tonsillitis may look for another at any time, as one never knows when the next acute exacerbation of the chronic tonsillar inflammation is to manifest itself. Whenever an acute inflammation causes the opening of one or more follicles to become closed there follows a retention of the cheesy material referred to, and the whole tonsil is soon involved, and often both tonsils are affected. Resulting from this inflammatory action we may have an escape of the pent-up excretion from the follicles, constituting follicular tonsillitis, or it may escape backward into the cellular tissue at the base of or around the tonsil, when it causes a peri-tonsillar abscess called quinsy.

During the acute attack the treatment consists of the administration of calomel, aconite, salol, phenacetine and other antiphlogistic remedies. The local treatment consists of the application of cold to the throat externally and the sucking of pellets of ice. The use of gargles is questionable on account of the great pain caused. Cleansing the throat is much easier accomplished by the use of the spray, in which may be used an alkaline solution containing soda bicarb., soda biborate, glycerine and rosewater or listerine. Peroxide of hydrogen is also very useful as a cleansing agent. The old mixture of tr. iron, pot. chlorate and glycerine is useful as the disease begins to subside.

Tonsillotomy.—There has been much discussion as to the physiological use of the tonsils, but the opinions offered by most investigators are directly opposed to each other on this subject. Many are the objections of the laity to having the tonsils removed. Some parents object on the ground that they had theirs removed in their youth and received no benefit. The probability is that they had adenoid growths in the naso-pharynx, which should have been removed at the same time. They also object on the ground that the tonsils are a protection from lung troubles. I cannot see how a diseased tonsil affords any protection, as all the air must pass over the diseased tissue. Objection is urged on the part of singers for the alleged reason that impairment of the voice may result; whereas the opposite effect may reasonably be expected. When the large mass, which is practically a foreign body, is removed the the pressure is also removed from the pharyngeal muscles, consequently they can be brought in use again, and the extra strain is also taken off the laryngeal muscles and vocal cords.

After looking over all the literature at my command, and talking the subject over with several of Chicago's most prominent laryngologists, I have found that in no case after their thorough removal has the patient seemed to suffer any harm or inconvenience whatever, beyond the annoyance of the operation, but on the contrary has been perfectly free from further attacks of acute tonsillitis, and in all cases the general health has shown improvement. The removal of a diseased tonsil is as clearly indicated as the removal of a diseased appendix or a pyosalpinx.

Varieties of Enlarged Tonsils.—There are two forms of hypertrophy spoken

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of by Bosworth, the hypertrophic form and the hyperplastic form, the former term being used to designate the variety of enlarged tonsils most frequently met with in early childhood, and which consists of an abnormal increase of all the normal elements which go to make up the organ, while the latter term is used to designate that form of hypertrophy which is ordinarily met with at a later period than early childhood, and composed very largely of connective tissue. While both forms may constitute large tumors which project beyond the faucial pillars and often touch each other, the hyperplastic form is often so small as to be overlooked unless the patient is made to gag in order to bring them into view. This form is also spoken of as the "submerged tonsil" and the "small diseased tonsil." They may be of small size and still cause a great deal of trouble. Acute attacks may come on as long as this diseased condition exists wholly or in part. While not considered dangerous to life, it is a fact that several deaths from edema of the glottis have been reported as following the suppurative form.

Successful Treatment.—For all these conditions depending upon enlargement or degeneration of the tonsils a positive cure can be promised. No other condition of like importance is any more amenable to absolute cure than is this condition, and the only rational treatment is surgical, viz: the total removal of all hypertrophied or diseased tissue. In children tonsillotomy with the tonsillotome is usually sufficient, though there is often a base left which should subsequently be destroyed by electro-cautery puncture.

In later years, when the tonsils found are of the variety described as the "submerged tonsil" or "small diseased tonsil," the only treatment which affords a perfect and permanent cure is tonsillotomy by the method devised by Dr. Pynchon, of Chicago, called electro-cautery dissection. The tonsil is anasthetized by rubbing a twenty per cent. solution of cocaine over the mucous membrane and then injecting a one per cent. solution of holocain into the tonsillar tissues. The advantage of the holocain solution is that the anesthesia begins at once and the danger of poisoning is much less than with cocaine. As soon as the solution of holocain has been injected the work of dissection can be begun. The tonsil is seized with suitable forceps and dissected out with the electrode at a white heat. The advantage of this operation is that there is no hemorrhage, as there is no stump left to give further trouble. If the dissection is made too rapidly, hemorrhage will result. After the tonsil has been dissected out the cavity between the pillars is swabbed with a twenty-five per cent. solution of nitrate of silver. The after-treatment consists of daily massage with hydrogen peroxide (Oakland) on a cotton-wound applicator. The wound is usually healed in a week, when the other tonsil may be dissected out in the same manner. No operation is complete in children unless an examination is made for adenoids; and, if found, removed at the same sitting, as general anesthesia is usually necessary in children.

I have found that when the tonsils are diseased they are diseased to their base, and, if any affected tissue is left, further attacks of acute tonsillitis may be expected. The proper time for the operation is when the patient's throat is at its best. It will often be found that the tonsils are at fault, and the cause of a train of troubles, without the patient's suspecting it, and without any history of acute inflammatory action. A chronic laryngitis will often subside after thorough removal of the "small" or "submerged" tonsil.

Some Articles Wanted.

We believe THE CONNCIL has the finest staff of volunteer contributors in the United States, being all physicians in active practice. However, there is always a warm welcome for a new addition to the number coming with practical information in terse form to offer.

We have not yet had a volunteer on the repair of the perineum in country practice, as requested in February number. We also want a good article upon the later methods of treating endometritis, with its usual accompanying complications. We also desire articles for our May and June numbers on the best recent treatment of summer gastro-intestinal disorders of both children and adults, and also practical observations on the extermination of mosquitoes.

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Tonsillitis.

By W. O. BUNNELL, M. D.
Wilkes-Barre, Pa.,

Tonsillitis is a very peculiar disease, in that tendency to it is hereditary in some families, and that, having once occurred, there is a continued predisposition to it, and it continues to recur, sometimes during the entire lifetime.

Causes.

Tonsillitis occurs most frequently at the commencement or breaking up of winter, when the weather is very changeable. Inflammation of the tonsils occurs in the following forms: First, superficial tonsillitis in which the mucous membrane covering the tonsils becomes inflamed through extension ofa pharyngitis; second, follicular tonsillitis, in which the follicles are chiefly involved, and pour out an extensive secretion; third, pure tonsillitis, in which the gland itself suffers from severe widespread inflammation, phlegmonous in type.

Symptoms.

Tonsillitis usually manifests itself first by soreness and stiffness of the throat, with difficult deglutition. The digestive functions are deranged. Sometimes it is ushered in with a well-marked chill, followed by febrile reaction, dryness of the skin and arrest of secretions; a sensation as if some foreign body were present in the throat, with heat and a constant desire to swallow all the time, and this causes the patient much pain. A guttural cough, with a desire to remove the secretion from the throat; difficult respiration, and the voice sinks to a whisper. The patient is unable to lie down on account of the difficult respiration. On examination the tonsils will be found enlarged and reddened, and the opening of the fauces nearly closed. Tonsillitis lasts from four to twenty days, terminating in resolution or suppuration.

Treatment.

The first is to open the bowels by a saline purgative. Spray the tonsils with fl. ext. aconite, 1 dr., to water 2 ozs. Have the patient spit out the aconite that accumulates in the mouth, as there will be too much to swallow. Use the spray four or five times a day. To control the fever and reduce the inflammation in the tonsils, give:

℞ Aconite, fluid extract . . . . . gtts. xx
Phytolacca " " . . . . . " xxx
Water . . . . . ℥ij.—M.

Sig.—1 teaspoonful every two hours until the fever is reduced, then every four or five hours.

For external application, use phytolacca, fluid extract, full strength, three or four times per day, keeping the throat wrapped up in flannels. This line of treatment will in most cases relieve the patient in two or three days. and recovery is by resolution. But, if at the end of the third or fourth day, the tonsils are swollen full, and no signs of being reduced, apply hot applications to the throat, and this causes it to suppurate, and as soon as a yellow spot shows on the tonsil, open it with a sharp bistoury. The bistoury should be wrapped with a cord, except about one-fourth of an inch at the point. After the tonsil is opened, spray with peroxide of hydrogen. The treatment for a radical cure of the disease, is to give tonics and build up the system. Keep the throat well protected, and locally apply persulphate of iron and glycerine, of each equal parts at first, but increase the iron as the treatment progresses until it is used full strength. Hamamelis locally four times per day will also give very good results.

Tonsillotomy.

When these means fail to give a radical cure, remove the tonsils. The important part of the operation is to include the whole of the tonsil in the ring of the tonsillotome. If the whole tonsil is not removed, the disease may be reproduced just as if nothing had been done. For the hemorrhage following the operation, apply a saturated solution of alum or pencil the part with persulphate of iron. I have used this line of treatment for a long time with success, and, if followed up, it will please the patient as well as the physician.

27 N. Washington St.

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Hypertrophied Tonsils.

By W. H. WILLIAMS, M. D.,
Lebanon, Ind.

Hypertrophied tonsils, or chronic tonsillitis, is a condition so common that the average practitioner gives it little more than a passing notice, unless called upon to treat some severe, acute disease of this particular part of the human body. But among the common things of life exist some of the most interesting, so in this subject we trust something may be found worthy of our attention and careful consideration.

Anatomy of the Tonsils.

Snugly tucked away between the anterior and posterior arches of the soft palate, we find the tonsil, a slight elevation of mucous membrane varying in size in different individuals and scarcely visible from the front when the arches are in normal position. This elevation is perforated by twelve to fifteen orifices opening into small crypts, from which several follicles branch into the substance of the tonsil. All of these are lined by a continuation of mucous membrane from the surface and abundantly supplied with mucous gland.

Surrounding each follicle are a number of nodules filled with fluid and imbedded in a matrix of adenoid tissue, which extends upward to the surface of the tonsil. Surrounding the entire tonsil is a fibrous capsule. About each follicle is a dense plexus of lymphatics, which pass to the deep cervical glands at the angle of the jaw and in the cervical region.

Branches from the lingual, facial, external carotid and internal maxillary arteries and Meckel's ganglion and glossopharyngeal nerves make up the blood and nerve-supply of the tonsil.

Pathology.

Hypertrophy of the tonsil is due chiefly to increase in size of the lymphoid and glandular tissues that assist in its make-up. In adults the fibrous elements sometimes enter into the hypertrophied condition also.

The follicles are filled with broken-down epithelium, and bacteria, of cheesy or calcareous nature. The increase in lymphoid tissue gives the surface an irregular appearance, and by pressure on the mouths of the crypts causes retention of the cheesy masses and their associated bacteria. In those cases in which the fibrous tissue predominates, the surface is smooth and the crypts and their mouths are largely obliterated. Distinct evidences of present inflammation are wanting in these cases.

Prevalence in Early Life.

This condition of the tonsil is so often found in very young children that it is sometimes spoken of as being congenital. The largest number of cases are found between the ages of ten and twenty, and nearly twice as many among boys as among girls. Of 142 children of our own city schools examined by myself, 48 were found to have tonsils enlarged to such an extent that proper breathing was not possible and treatment or tonsillotomy was indicated. The largest number of these cases were found in the fifth grade.

Predisposing Causes.

Damp, poorly-ventilated homes and schoolrooms, strumous diathesis, rheumatism, syphilis, eruptive diseases, and frequent attacks of tonsillitis, pharyngitis and diphtheria are the chief causes of enlargement. Atrophy begins about the thirtieth to thirty-fifth year and few cases are seen after forty.

Symptoms and Diagnosis.

The appearance of a child with enlarged tonsils is often such that the trouble is diagnosed without examination. Lack of expression, open mouth, pigeon-breast and general anemia suggest to our minds at once the nature of the trouble. Frequent complaints of sore throat and difficult swallowing, with mouth-breathing and snoring while asleep, are the rule in this condition. Owing to nearness and sometimes pressure upon the pharyngeal opening of the Eustachian tubes by the tonsils, pain and ringing in the ears are often complained of, and sometimes inflammation and suppuration. Associated with this condition we usually have a blunt, unnatural sound of the voice, due

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to enlargement of the adenoid tissue in the upper and back part of the pharynx. Enlargement of the glands at the angle of the jaw and along the sides of the neck are frequently seen. Patients often complain of aching and hurting of the entire body and seem sluggish and uninterested in whatever task may be before them. Inspection of the throat shows the tonsils with an irregular surface, red, sponge-like and enlarged, in many cases, to such an extent as to almost meet in the median line. Pressure with a probe about the mouths of the crypts will nearly always show them to be filled with cheesy masses of epithelium and bacteria that can be easily pressed out, and are found to have an extremely offensive odor. There masses are often coughed out by the patient and many times lead them to believe that they have a tubercular infection of the lungs. Toxines absorbed from these are, no doubt, largely to blame for the rheumatic pains complained of and the adenitis and anemia usually associated with this condition.

An exception to the appearance as described, is the tonsil in which fibrous tissue predominates in the hypertrophy. They are usually large, surface smooth and with a "varnished" appearance, most of the mouths of the crypts obliterated, unyielding to pressure and in color more nearly like that of the normal mucous membrane.

A view of the throat under a good light is sufficient to establish the diagnosis of the trouble. It is hardly possible that any other condition could exist that would be mistaken for enlarged tonsils. If there should be any doubt in the mind of the physician, one finger in mouth and another behind the angle of the jaw will give a correct idea of the kind, size and location of the tumor. No doubt a large number of the hypertrophied tonsils never receive treatment of any kind, and yet observation will show that few persons of forty or over are bothered with anything of the kind. This alone is sufficient to prove that, from adolescence on, atrophy is the rule.

Previous to this time in life, however, children in this condition are the subjects of frequent attacks of tonsillitis and much more susceptible to diphtheria than those with a normal throat. Such attacks often lead to chronic pharyngitis and suppurative otitis media. The exceptions to this rule are chiefly those cases in which the fibrous tissue predominates in the hypertrophy. The few remaining crypts are deep and form excellent rendezvous for tubercular bacilli, pus-producing and various other micro-organisms that in many cases result in such frequent attacks of quinsy that obliteration of the crypts or tonsillotomy are the only sources of relief.

Treatment.

For the relief of the accompanying anemia and adenitis and the reduction of the hypertrophy, perhaps no internal remedies are equal to the syr. iodide of iron or syr. hydriodic acid administered in liberal doses for a considerable space of time.

Twenty to forty grains of silver nitrate to the ounce of distilled water, applied to the surface of the tonsil two to three times each week, will assist very much the internal treatment. The diseased crypts should be carefully hunted out, the contents removed and tr. iodine or carbolic acid applied on the point of a probe well down to the bottom of them at each treatment.

After this treatment a soothing effect will be obtained by using an alkaline spray, and follow this with a bland oil.

If this treatment, persisted in for some weeks, does not give relief, then tonsillotomy should be resorted to. This operation should be complete. Removal of simply a portion of a tonsil, in most cases, is a waste of time and an annoyance to all parties concerned. The cut should be made at the base and below the points of the follicles. In this way the chief body of adenoid tissue, with its capsule, is removed, and a return of the growth prevented. In those cases in which severe hemorrhage would likely follow tonsillotomy, much good may be done by "furrowing" the tonsil with the cautery and allowing the wound to cicatrize. This

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may be repeated a number of times, until the reduction in size is sufficient.

If the physicians of our land were allowed to see and treat all such tonsils as have been described, no doubt the various epidemics of throat-troubles would be greatly lessened and the health of the occupants of our schoolrooms wonderfully benefited.

Diphtheria.

By M. V. LEOF, M. D.,
Philadelphia, Pa.

An acute contagious disease, caused by the Klebs-Loeffler bacillus, characterized primarily by a diphtheritic inflammation of the mucous membrane of the pharynx, and later by secondary constitutional symptoms due to the absorption of the toxins produced by the bacilli.

Etiology.

Diphtheria is always caused by Klebs-Loeffler bacilli. This micro-organism is about the length of tubercle bacillus and about twice as broad. It always grows isolated, and is non-motile, without flagellæ or spores. It grows well upon artificial culture media, such as gelatin, agar-agar, etc., but for clinical purposes Loeffler's blood serum is the best. It consists of 3 parts blood serum, 1 part neutral bouillon, containing 1 per cent. of glucose.

An easy way to detect the colonies of Klebs-Loeffler bacilli is the following: Take an aseptic cotton swab and rub it against the exudate, then, with the same swab, rub gently the surface of blood serum provided in a culture-tube, plug the tube and place it in a temperature of 100 F., and within eight hours it will show spots on the surface of the culture, which have a white or yellowish color.

Predisposing Causes.

Age.—This is the most important factor. This being principally a disease of childhood, children below six months and above ten years not being prone to the disease. However, even aged people have contracted diphtheria.

As to Season.—It is more prevalent in winter and spring.

Symptoms.

There is no disease in which the symptoms, both the local and constitutional, vary so greatly as in diphtheria.

Onset.—The onset is usually slow, although it may be abrupt.

The child may feel indisposed, the throat is a trifle sore, and there is a slight increase in temperature. These gradually increase for four or five days, so that there is now a temperature of 100° to 104°, rapid pulse and frequently symptoms of pronounced toxemia.

Albumin is usually present in the urine and should always be looked for, as it materially helps in the diagnosis.

Local Symptoms.

The local symptoms are, of course, the most important.

The pseudo-membrane appears, as a rule, between the second and fourth days of the disease; first on the tonsils and then it spreads itself on uvula, fauces, etc. It may be the size of a pinhead or so great as to cover both tonsils, uvula and fauces. The color of the membrane is dull gray. The cervical glands are enlarged and painful to the touch.

Diagnosis.

The diagnosis of diphtheria, while ordinarily easy, often taxes the most skillful diagnostician. It should be principally based clinically upon the presence of albuminuria, character and location of the pseudo-membrane.

A membranous patch of a dull gray color, which is adherent to the parts and when separated leaves a bleeding surface (if on the tonsils it should be *over* the tonsils not *in* the follicules), accompanied by albuminuria, should be sufficient for a clinical diagnosis of diphtheria. The most certain evidence of the disease, however, is the finding of the Klebs-Loeffler bacilli in the membrane, which can be easily accomplished as indicated above in the Etiology.

Prognosis.

The outlook of diphtheria, instead of being the dread of the physician as it used to be, is now altogether favorable. Although authors still give the mortality

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rate of diptheria as being 10 to 20 per cent., I feel like making a bold statement that no case of pharyngeal diphtheria, seen within the first three or four days of the disease, should end fatally. I have treated a great number of diphtheria cases and have yet to see a mortal case. Moreover, my observations teach me that even in pharyngeal diphtheria intubation and tracheotomy are very rarely indicated if antitoxin is given in time and in proper doses.

I am well aware that what I say here may meet with harsh criticisms, nevertheless I cannot refrain from holding such an opinion.

Having had universally good results, even with the severest cases, I cannot help thinking that, under proper care and treatment, the great majority of diphtheria patients, if not all, should recover.

Treatment.

The treatment of diphtheria divides itself into specific and accessory.

Specific Treatment.

Too much cannot be said about antitoxin. My rule is: As soon as I make a reasonable clinical diagnosis of diphtheria, I make a culture, and at once inject 1,500 units of anti-toxin in every case of average severity, to be repeated in twenty-four hours if there are indications for it, *i. e.*, if the systemic symptoms do not abate and the membrane is not beginning to slough by that time. In severe or neglected cases, or in laryngeal diphtheria, larger doses should be given and more often repeated.

The majority of cases, however, call for only one or two injections. If full antiseptic precautions are taken, a special antitoxin sterilized syringe is used, there is no danger in the serum-theraphy. I have never met with any unpleasant result from it, such as abscesses, etc.

In only one case have I seen the second injection followed by itching and a rash on the spot of injection. This rash, however, developed into a typical measles-rash, although the child was said by her parents to have had measles, yet I do not think that it was due to the injection, as measles was prevalent in the neighborhood, and the patient had all the other symptoms of measles. It was simply a case of double infection, or coincident diphtheria and measles. The child recovered.

Seat of Injection.

Antitoxin should be injected where there is an abundance of loose subcutaneous tissue. I prefer the interscapular region.

Accessory Treatment.

I usually, along with antitoxin, give the following:

℞ Potassium chlorate . . . . . gr. xxiv
Tr. of Chloride of Iron . . . . . *M* lxxij
Glycerine . . . . . f℥j
Water, qs . . . . . f℥iij—M.
S. Teaspoonful every 4 hours.

I give also fractional doses of calomel enough to clear bowels, and a spray consisting of one-third of peroxide of hydrogen, two-thirds of water and some borax.

The nose is irrigated with a saturated solution of borax. In cases where the membrane is very adhesive, Loeffler's solution is very good when applied locally. It is claimed that it also prevents complications.

Stimulation.

If there is any indication of systemic poison or weakness of the heart, stimulation should begin early and be employed freely. Alcohol and strychnine are the drugs.

General Management.

All patients with diphtheria should be kept in bed in a room which is well aired, of uniform temperature and all the unnecessary furniture removed.

Diet should be liquid or semi-solid, nutritious and given at regular intervals, and, if necessary, should be forced.

Isolation.

All cases of diphtheria should be isolated and the members of the family should not be allowed to visit public places. The danger is not so much that they will carry infection in the clothing, as that they may already be infected in the throat, but the disease is yet latent.

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Bronchitis and Capillary Bronchitis (Broncho-Pneumonia of Childhood).

By A. L. BLESH, M. D.,
Guthrie, Oklahoma.

Each recurring season brings with its train of joys also its burden of sorrows, as expressed in the diseases incident and peculiar to itself. The mother's heart grows anxious as she bends in solicitude over the couch of her little one. This is truly the great sphinx riddle—the great enigma of life—that innocent childhood should suffer and die. So far we have gotten away from Nature's starting-point, or perhaps so far distant are we yet in our toilsome approach toward it, that the little graves are even yet the commonest. This thing ought not to be, and every effort put forth to remedy it, in ever so weak a way, should receive our earnest approbation.

Aside from the exanthems, very nearly all the winter diseases of childhood have to do with the respiratory mucosa; and even with the exanthems, affections of this tract stand in the background, with uplifted arms, to give the death-stroke.

These inflammatory affections may be divided anatomatically into those affecting the nose and throat, those affecting the larger bronchial tubes, those affecting the capillary tubes, and the lung-structure or pulmonary substance itself. We have named them, respectively, coryza, acute rhinitis or common cold in the head; bronchitis; capillary bronchitis or broncho-pneumonia. For the purposes of the present paper we will not consider the first-mentioned group.

Bronchitis and capillary bronchitis, and more especially the latter, constitute so deadly an enemy that they deserve our most earnest consideration. Many fine lines of distinction between the varieties of bronchitis and capillary bronchitis (broncho-pneumonia) are made by the pathologist and microscopist, so that the more the earnest, thoughtful physician attempts to clear up the hazy mass of matter presented, the more hopelessly he becomes entangled. Each author seems to make a classification of the cases of his own finding. This leads to confusion in nomenclature, and demonstrates very forcibly that, however valuable these labors may eventually prove to be, at the present they are of very little worth to the clinician, whose most earnest desire is to cure his patient, rather than to complete the history of his case by post-mortem pathologic findings.

Again, while the microscopist (than whom there is no more earnest laborer in the toilsome fields of medicine) declares that the disease is of germ origin, that the pneumococcus is the etiologic factor, the fact is that from a clinical standpoint even this is of but little avail in the case.

The valuable labors of these scientific workers should not be ignored, for out of this apparently incoherent, fermenting mass, the future science of medicine is shaping itself. He who reads and studies (and all should do so) should only take care that he be not bewildered and lose himself.

It is to group a few bold facts as landmarks to guide in the treatment of these conditions that this paper is written.

First and foremost we will state this proposition: That in order to deal effectually with these troubles it is not necessary to be able to refine the diagnosis to the vanishing point. All these fine classifications of the pathologist are of no immediate concern to us in so far as the cure is concerned. The fact is that the finer shades of distinction are only possible of verification by post-mortem; and as practical physicians, that is the last thing we desire for these little patients of ours.

In the second place, the most important fact to be borne in mind is that the underlying factor with which we have to deal in all these cases is inflammation. This general therapeutic principle is, for all practical purposes, with slight variations as to part involved, the same in all inflammations, of whatever tissue.

In the third place, it is the most important thing from a therapeutic viewpoint that we strike before an aberration of function, or an acute congestion, yes, even inflammation, becomes by progress

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and time a settled lesion. We may, as is frequently charged, err frequently in diagnosis, by thus vigorously attacking the disease before it has made serious inroads, or left indelible impressions upon the organs involved. I confess that I am never better satisfied with myself than when this charge is made. It is often impossible to make an accurate diagnosis, that is, accurate from the standpoint of the ultra-scientific physician, before irreparable harm is done. Few of such cases will occur in the hands of the doctor who is not afraid to lock horns with the enemy and dispute every inch of the ground from the very start. He will have fewer and fewer occasions for making a scientific diagnosis. To wait to begin an active campaign until the enemy is entrenched behind the bulwarks of a palpable lesion is a reprehensible policy, whether in war or medicine. I like to make a positive diagnosis impossible, by early and effective therapeutic measures.

If in general it is imperative to avoid a lesion, an organic lesion if the reader prefers, it is doubly so with infants and children, because the effects of the lesions here are so much more disastrous. The essentials in the treatment of bronchitis and broncho-pneumonia of childhood are very similar, if not quite alike. The pneumonia of childhood does not usually run the typical course of the same disease in adults. In my experience typical lobar pneumonia is rare. In my practice I do not recall a single case. It seems a very common thing for the mild cases of bronchitis to progress steadily toward the graver forms; so, again, the importance of treating early and vigorously the mild cases.

Symptoms.

This is the usual clinical history: Fretfulness, in an otherwise good-natured baby; dry, frequent cough, rather rapid respiration, temperature ranging from 100 to 103 degrees, sometimes no fever, pulse excited and rapid, face inclined to flush, no consolidation over lung area, but frequent large and small sibilant râles may be heard over changing areas. In from 24 to 48 hours the picture changes; the râles become moist, usually more pronounced over posterior lung surface, temperature ascending; in the severer cases there may be somnolence and cyanosis, respirations more rapid, pulse becoming more characteristic of inflammation.

Now, if the case continues to and reaches the stage of capillary bronchitis, we have at last reached that stage of the trouble where we can only too frequently delight our friends by making a positive diagnosis; and alas! so often witness the little light flicker and go out.

Treatment.

When called to a case in the early stages as described above, I begin treatment "all around" at once: The bowels are cleared out with small divided doses of calomel, 1-6 gr. every half hour until copious action results, and this is ordered:

℞ Anodyne for infants* . . . . granules xxiv
Dosimetric trinity† . . . . . " v
Apomorph. mur. gr. 1-6 . . . " xxiv
Emetin, gr. 1-6 . . . . . " xii
Acid. muriat., C. P. . . . . *m. x*
Aquæ dest. . . . . q. s. ad ℥ iij—**M.**

Directions—Teaspoonful every 20 to 30 minutes until cough is quieted or loosened, or child is resting well; then every 2 hours. (For a child 2 years old.) (These granules may be obtained of various manufacturers of active-principle granules.)

As a general rule, it is a pleasure and delight to see the distressing symptoms melt away and vanish under this treatment. It is agreeable, it is effective.

At the same time a protective silk or cotton batting jacket is ordered, under which is applied over the whole surface an old "granny" mixture of equal parts of turpentine, spirits of camphor and lard. This is repeated every 24 hours. I insist upon the temperature of the room being maintained the same night and day, between 70° and 85° F.

If all these precautions be taken with every mild case seen, the severe ones will seldom be encountered. If the skin remains dry under the mixture above

*Anodyne—(Formula of Dr. Wm. F. Waugh.)
Nickle Bromide . . . . . gr. 1-134
Codeine Sulph. . . . . gr. 1-134
Ipecac Pulv. . . . . gr. 1-134
Lithium Carb. . . . . gr. 1-25
Oil Anise . . . . . gtt. 1-124
In each granule.

†Trinity Asthenic—Formula (for use in asthenic fevers.)
Aconitine . . . . . gr. 1-134
Digitalin . . . . . gr. 1-67
Arseniate of Strychnine . . . . . gr. 1-134
In each granule.

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prescribed, sometimes small doses of Dover's powder are added.

When a case of capillary bronchitis is seen, the whole treatment may be summed up in two remedies, strychnine and apomorphine, each pushed to physiologic effect by frequently-repeated small doses. A very large percentage will recover from this very serious disease, by this treatment, administered with a bold hand.

A Case of Pneumonia.

By H. LYCAN, M. D.,
Paris, Ill.

The following case may be of interest on account of the influence which the age and extremely fleshy condition of the patient may have upon the prognosis:

The patient was a colored man, aged about 60 years, and weighing in the neighborhood of 280 or 300 pounds. I saw the patient on the third day of his illness, when he gave the usual history of the beginning of the disease. At this time he presented all the symptoms of unilateral pneumonia—temperature 103 2-5, pulse 110, prune-juice expectoration, tongue thickly coated, heart sounds rather indistinct, two lower lobes and part of upper lobe of right lung in a state of solidification, etc., etc.

Treatment.

To reduce the temperature and to quiet restlessness a cool sponge-bath was ordered, and, as the bowels had not moved for two days, one-fifth grain of calomel was given every hour until a grain and a half had been taken. To induce sleep and ease the pain, Dover's powders were used in sufficient doses to have the desired effect. This was kept up throughout the disease (when indicated), as were also the sponge-baths and the administration of one-half grain of calomel morning and evening. When the fever was the highest, he also received:

℞ Tr. aconite . . . . . *M*xii
Tr. digitalis . . . . . *M*viii
Water . . . . . ʒiij—M.
S. A teaspoonful every hour as needed.

Whiskey was used as a stimulant and a flaxseed poultice kept over the affected area as long as the pain lasted.

After the crisis had occurred and resolution set in ammonium chloride and strychnia were administered in alternating doses, or

℞ Ammonium chlor. . . . . ʒijss
Syr. wild cherry . . . . . ʒiv—M.
S. A dose every hour and a half—first one-sixtieth grain strychnia nitrate and then a teaspoonful of the above mixture.

Whatever influence the treatment had, the case went on to an eventful recovery.

Disorders of the Sexual Function in Man.—Syphilis.

By A. H. P. LEUF, M. D.
Philadelphia.

[SIXTEENTH PAPER.]

Syphilis (*Continued*).

The Initial Sore.

This is essentially an act of cell-proliferation of limited area, in which the cells are compactly aggregated. Hence it is hard as well as non-vascular. This makes it also dry or relatively so, having a very limited secretion, which, however, is augmented by irritation, which is also capable, at times, of increasing the area of the cell-growth. There are various kinds of chancres, but all depending upon varying degrees of cell-proliferating activity. The induration is most marked in those occurring on mucous surfaces, especially of the prepuce, and less so, or none at all, on the skin of the body of the penis. As a rule, there is less induration in the chancres of women, a most unfortunate fact, because they are its main propagators. A chancre may be simply a flat surface or a small, dry, scaley patch, which Lydston, very appropriately, proposes to call squamous induration, or it may be more pronounced, and have a weeping surface. A more active cell proliferation would cause ulceration. Finally, there is the more typic form, consisting of a larger induration, but with an elevated ulcerated top, sometimes crater-like, that constitutes the chancre named after John Hunter. The induration of a chancre is easily recognized by compressing the edges between the thumb and finger.

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It is very important to exercise great care in handling these sores, because their discharge is extremely infectious, the smallest particle of which will produce a chancre and its subsequent train of evils, if in momentary contact with a raw surface upon the compressing finger or thumb. While these indurations are usually small, they are always co-extensive with the infected surface so that a syphilitic infected wound is chancrous throughout, however extensive it may be. Thus the early excision of a chancre is uniformly followed by no other result than the early formation of another, co-extensive with the lines of incision that circumscribe the original lesion. In all typic cases, the induration comes first, and is subsequently followed by ulceration. When this process is reversed, it is probably safe to say that it is due to a mixed infection as the result of which ulceration is caused by chancroid or other pus-forming infection having a much shorter incubation-period than has syphilis, which latter follows in due season. Induration lasts for from one to three months. There are instances in which it lasted only ten days, and there are others in which it continued for a couple of years. The site of a recently-cured chancre is the usual copper colored area so common after syphilitic lesions, and lasts for a varying time.

Communicability of Syphilis.

An interesting fact is that the secretions from a syphilitic, whether pathologic or not, will not produce syphilis in another by inoculation unless mixed with syphilitic blood, excepting, of course, the exudation from the specific lesions of syphilis, either primary or secondary. This gonorrheal or chancroid pus of a syphilitic will only give gonorrhea or chancroid unless containing an admixture of syphilitic blood. Likewise will inoculation with vaccine lymph from a syphilitic produce only harmless vaccine unless mingled with some of the specific blood.

The vaccine scab is, however, dangerous, but only because it may, and usually does, contain some of the specific blood. Tertiary syphilis is not communicable and is, in fact, not syphilis at all, but only its remote sequelæ. It gives immunity to its unfortunate possessor, but cannot convey the disease.

Heredity.

It is doubtful if syphilis can be inherited from the father if the mother escapes, though the so-called syphilitic dyscrasia may be present. It is also probable that the spermatozoa of a syphilitic father may do their work so poorly that a very defective embryo results, which may end in intra-uterine death and inevitable abortion, or such a child may be born alive at term, but so defective that it would only live a short time. This is why so many children born of syphilitic parents live but a short time. This is not necessarily because they inherit syphilis, but because the syphilis of their parents has inhibited the normal activity of the vital forces that set in operation and develop a new being. It is also noteworthy that almost all children are born syphilitic whose mothers develop the disease before the seventh month of pregnancy, while most of these escape the disease when it appears in the prospective mother after this time.

Mode of Acquiring.

The mode of acquiring syphilis is conveniently divided into mediate and immediate, or indirect and direct. The mediate, or indirect, method of acquiring it is through intermediate subjects, such as cups, knives, forks, spoons, bathing, and even clothing and wearing apparel. The only thing necessary being that the syphiliticsecretion from the affected individual must be carried to an abraded surface upon the other, and deposited there. The immediate, or direct, method relates to the direct contact between an infectious syphilitic sore upon one individual with an abraded surface upon another. This is, of course, most often due to copulation. The next most frequent mode is by kissing, and after this, probably, by inoculation of physicians and surgeons in their regular attendance upon cases, an abraded or cut surface coming in contact with the syphilitic virus. The most pit-

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iable cases are those in which children and confiding innocent women are unwittingly made its victims; a disease so horrible in itself when neglected, though sometimes also when well cared for, and manifestly more so when thus unfortunately extended. Syphilis may also be carried by a human intermediary to a third individual, who becomes infected though the carrier escapes. This may occur in either sex. Thus, a long prepuce may carry the virus of syphilis from one vagina or vulva to another that is abraded, though the carrier escapes because there is no denuded surface for the successful entrance of the infection. On the other hand, a syphilitic charge may be deposited in one vagina, which in turn affects the next comer, though the recipient of the charge escapes because she has no erosions of her genital mucosa. In either case a wholly innocent and blameless individual may become infected though the guilty intermediary escapes.

Complications.

Chancre may be complicated with chancroid, which combination has already been fully discussed in the consideration of chancroid. It may become phagedenic, which usually occurs in those with small resisting power, whence the rule that phagedenic cases are usually very severe in their manifestations. Herpes and vegetations also complicate syphilis, but they have no special significance, and require no further consideration.

Treatment of Chancre.

The best local applications are a mild bichlorid wash, say 1 to 2,000, after which the eroded surface may be dusted with calomel. Other complications should be treated as they arise. An old, and yet common, treatment, and a very good one, is the local use of black wash, composed of calomel, 30 grains, and lime water, 10 ounces; or the yellow wash, composed of the bichloride of mercury, 18 grains, and lime water, 10 ounces. Iodoform or any of its more or less malodorous derivatives, said to be equally as good and sometimes claimed to be better, may be applied afterwards in lieu of calomel. There is no other local treatment required unless the sore is complicated. The most important complication is chancroid. This should be promptly and radically eliminated by thorough cauterization and disinfection, after which the remaining sore and lesion receive the usual simple treatment. It seems almost needless to add that the parts should be kept scrupulously clean and thoroughly antiseptic. When there is the slightest doubt of the character of the local sore, it is best to suspend general treatment until absolutely certain that the local lesion is that of syphilis, for if constitutional treatment be at once instituted while there is doubt about the character of the sore, and no secondary symptoms appear, there can be no certainty that the case is one of syphilis, and, hence, whether years of subsequent treatment are necessary or not.

Excision of Chancre.

The cutting out of the immature sore is followed, as has already been stated, by characteristic induration of the wound's edges, and an ensuing chancre larger than the original. When, however, the sore has been stationary for several days after its full growth, it may be excised without this danger. The surface must first be destroyed by cautery to prevent possible wound-infection, for the slightest deposition of chancre secretion upon a wounded surface may, even at this stage, cause local re-infection. Simple excision does not prevent the disease from becoming constitutional, but it does remove a focus of infection. I believe, though, that my original suggestion, of more than sixteen years ago, might prove effective, to wit: The simultaneous excision of the chancre and nearest set of lymphatic glands together with the intervening lymphatic vessels.

Syphilitic bubo sets in in about ten days or two weeks, and becomes fully developed in from one to three weeks. The glands become hard or woody. The hardness is due to the same cellular proliferation that forms the local sore. Their condition may last for weeks or months, and may even exceed

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a year. It is almost needless to add that the glands affected are always those that are first reached by the lymphatics communicating with the local sore. Hence, because of the usual site of chancres, the inguinal glands are the ones most commonly affected, and they customarily have a rather characteristic arrangement consisting of an exceptionally enlarged central gland, surrounded by smaller ones of the same character. Some time later there is secondary involvement of the lymphatic glands generally throughout the body, after which secondary symptoms develop. The constitutional treatment of this condition is, of course, with mercury and the iodid of potassium, and, in later years, also with the gold preparations, for which extraordinary claims are made in regard to the promptness with which they cure this long-enduring disease. It is, of course, self-evident that the patient should be well nourished, should receive additional medication tending to improve the general condition, and should be placed under the best obtainable hygienic conditions.

(To be Continued.)

2353 N. Seventeenth St.

[The subject of syphilis will be continued in the next paper and which will run through several issues. This will be followed by gonorrhea and its consequences, and then a final *resume*.—ED.]

I have every issue of THE COUNCIL on file, and refer to them frequently when in need of information. I am very highly pleased with the Post-Graduate plan you have adopted. Dr. Leuf's articles on "Respiratory Diseases in Children" came just at a time when my own little girl was in the grasp of that deadly disease, capillary bronchitis. I believe her recovery was due to my following the advice given by him at that time. I have thought many times that I ought to acknowledge my indebtedness to him. I do so at this late date and extend to him my sincerest thanks. I have been greatly benefited by his articles, "The Country Doctor His Own Gynecologist," "The Menopause," and others. W. W. SHAFER.

Ferguson, Mo.

I have read and re-read Dr. A. H. P. Leuf's book, "Practical First Principles," and am more than pleased with it.

Dublin, Texas J. J. McLEMORE, M.D.

Abortion.

By JOHN HERBERT CLAIBORNE, A. M., M. D., &c.
Petersburg, Va.

Read before the Tri-State Medical Society, Feb. 25, 1902, and furnished for original publication in THE MEDICAL COUNCIL.

Definition.

ABORTION—Or the premature expulsion of the contents of the gravid womb, is of such frequence, is attended by so much danger, and followed by so many grave sequences, that it is a subject of great interest to the physician.

The term abortion is used by some to indicate the expulsion of the ovum at any time of utero-gestation, from the inception of pregnancy to the end of the fourth month. Subsequently to that time, and to the end of the sixth month, it is commonly called miscarriage; and from thence, and to the eighth month, it is called premature delivery.

These divisions, it seems to me, are artificial, and unnecessary for the study of the subject; and when, therefore, I use the term abortion, I wish to be understood as referring to the expulsion of the ovum, or fetus, at any time, from the conception to the period of viability of the child, which rarely occurs before the twenty-eighth week, or seventh lunar month.

I have referred to the frequency of abortion: I have no tabulation of cases in my own practice, but, unless my experience has been more unfortunate than that of others, it is not an unfrequent accident, and one which, in fifty years of practice, has given me great and memorable trouble.

Predisposition and Causes.

Tyler Smith says that the accident occurs more frequently in primiparæ; and he is sustained in this statement by many of good authority; this does not accord with my experience. With me it has occurred much more frequently with multiparæ. Heger says there is one abortion for every eighth pregnancy. And Dr. Whitehead, of Manchester, an often-quoted authority on this subject, says that 90 per cent. of married women, who

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have lived to the period of the menopause, have at one time or another aborted. He says that abortion is more apt to occur after the third or fourth pregnancy. Shroeder states that twenty-three multiparæ abort to three of primiparæ.

I think all will agree with me that a woman who has once aborted is peculiarily liable to a repetition of the same accident. This is sometimes referred to as a habit of abortion, the womb being subject, as other organs of the body, to the influence of habit. This habit, however, is more probably the persistence of the same predisposing cause which incited the first abortion. This cause is often found in some syphilitic taint in the fetus—an inheritance from one parent or the other—generally from the father. Or it may be found in some malformation of the uterus, or in the binding down of that body with some fibrinous adhesion, following displacement, especially retroversion. Or it may be from some peculiar irritability of that organ, akin to vaginismus, and provoked by coition. I think that it is sometimes provoked by excessive coition, even with the healthiest women. Referring to my own clientele, I am sure of having met two cases of what was known as habitual abortion that was due entirely to that cause. In one of these cases, the lady, who had nine consecutive abortions at the beginning of the fifth month, was married to a vigorous and amorous gentleman, who informed me that he had never failed during his married life to have a frolic with his wife every night, except during her menstrual period. Upon placing the proper restrictions upon this uxorious gentleman, his wife, without any other treatment, presented him with a son and heir born at full term. This son and heir is is now a distinguished divine, and his wife has her quiver full. (Heredity?) In the other case, after five consecutive abortions at the same period of utero-gestation, the fifth month, the same good fortune followed the same restricted indulgence in marital pleasure. The husband consulted me on his sixtieth birthday, saying that his wife on that morning had presented him with a fifth heir, and enquiring if there was any safe way of stopping it now.

Many causes are accredited with inducing abortion as their results—causes both predisposing and exciting—but it is often difficult, sometimes impossible, to arive at a correct conclusion.

Abortion occurs more frequently perhaps on account of the changed relations taking place just about that time, between the ovum or fetus, and the maternal organ—the formation of the placenta, and hemorrhage into the decidua. This to some extent accounts for the frequent death of the fetus about the same time—and the death of the fetus is considered one of the most frequent causes of abortion. But the death of the fetus is not often followed by immediate expulsion. Weeks pass, and indeed months; I have known four months to pass before the uterus was fretted, by the presence of this foreign body, to throw it off.

The cause is more dependent probably upon maternal conditions than upon the state of the fetus. We have referred to the womb as bound down by adhesions and unable to respond to the development demanded by the growth of the child. And we have referred to some obscure irritable condition of the womb akin to, if not coincident with, vaginismus. And it is no doubt often impelled to abnormal action by a reflex irritation from some nervous cause; some influence propagated, as Mr. Tyler Smith would say, "from a distance, and tending to produce uterine contraction, and abortion." Fright would probably produce this effect, as Mrs. Gamp explains; "A drunken man, a Newfoundland dog coming around the corner, a Punch and Judy show." So might anger, or anxiety, or grief, or excessive joy. Extreme illness might also prove an exciting cause; and some of the zymotic diseases, as smallpox especially, or scarlet-fever. Traumatic causes, in my experience, bear but little part in the production of abortion. Capital operations have often been done on the pregnant woman without inducing any such result. And even a hard fall, or a runaway, or a railroad accident, unless the element of terror be added, is

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rarely responsible for the loss of the fetus. I think that force, little less than a blow upon the abdomen sufficiently severe to destroy the child, would have no certain effect.

Tho efforts, violent and criminal, such as running, leaping, dancing to exhaustion, which are often made by those who, for reason, do not wish to become mothers, should convince us that the physical causes of abortion, are not very operative. I heard a young married woman say once that in the third month of a pregnancy she jumped over a table twenty-four times without producing the effect which she desired. She had an heir at full term, six months afterwards.

Nor do certain drugs, called ecbolics, exert any reliable influence in bringing about abortion. And whilst we caution our patients *enciente* in reference to the use of ergot, savine, quinine, salycilate of soda, etc., I have never seen any untoward results from the use of any of them. And I have seen married women, desiring to rid themselves of the burden of pregnancy, take the most heroic doses of them, especially of ergot, without the slightest effect.

Complete and Incomplete.

An abortion, especially in the earlier months of pregnancy, may be complete, that is, the ovum or fetus, and decidua be expelled together: a fortuitous result. Or the ovum or fetus may be expelled, and the secundines retained; and these, unless removed by the practitioner at an early day, may undergo partial organization; and then we have what is called a mole, or mass; this, in turn, may be retained for an indefinite time, but, as long as it is retained, it will be a menace to the safety of the woman and provocative of hemorrhage, or sepsis.

Symptoms and Diagnosis.

The symptoms of abortion vary with the periods of pregnancy. In the earlier weeks of pregnancy the symptoms are those of painful menstruation; and many a fetus escapes observation, unless the vaginal discharges are carefully examined on suspicion of pregnancy. Later on, and especially after the formation of the placenta, the symptoms of abortion are more or less the symptoms of normal labor. The hemorrhage, a constant attendant on abortion, confirms suspicion of pregnancy, as the expulsion of the fetus makes the fact sure. But if for reason, or without reason, there has been no ocular inspection of the products of expulsion, the diagnosis is uncertain.

This question of diagnosis of an abortion would seem a very easy matter, yet there are few practitioners, I suspect, of long experience, who at some time have not found themselves confronted with cases whose true condition it puzzled their skill to decide.

A physician is summoned to a lady, who tells him that she has missed two menstrual periods and that this is about the time for the third; that she has been compelled to remain in bed for several days on account of the profuse flow, and of harassing and intermitting pains in the lower part of her back and stomach. On questioning her (she is a maried woman), she states that she has no reason to think that she has conceived, has occasionally missed for a period or two and then come right without trouble, has never had a miscarriage. On examination, after turning out a great quantity of clots from the vagina, we find the os but little changed from its normal condition at such a time, the womb itself somewhat enlarged and a little tender. Now is this a case of threatened abortion, or has she already lost the fetus, and are the secundines retained? Or is there a fibroid or a polypus within the womb? And if for any reason the lady has not the right to be "in a delicate condition," by reason of the impossibility of there having been any lawful coition, a medico-legal question complicates the case, and the doctor is apt to feel that his views of the situation are not entirely satisfactory to himself, and that he would prefer to divide his responsibility with a consultant.

Prognosis.

I have referred to the dangers of abortion—immediate dangers. In my opinion the prognosis of abortion is always grave. He is a fortunate physician, who,

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after fifty years of experience, has never seen a fatal case of hemorrhage from the premature expulsion of the contents of a gravid womb. A few years ago I was visiting the family of a friend, when the lady of the house, who seemed unusually well and bright, suddenly left the room, pale and agitated, and requested me to follow her. On reaching her chamber she informed me that she was in the fifth month of pregnancy, and was flooding. I put her to bed and hurried to my office, which was near, and returned in a few minutes with a speculum, and pledgets of cotton already prepared, and tamponned her as promptly and perfectly as possible. She had already lost so much blood that her pulse was quickened and feeble, and her lips pallid. I remained with her, and, though she seemed to rally, yet it became apparent that the packing was inefficient, the blood oozing through so freely that the operation had to be repeated. In the meantime opiates, astringents, cold drinks, etc., were administered, but without effect. Summoning another physician, we removed the packing, used ice very freely, within and without, and repacked. This apparrently controlled the flow better than anything which had been done previously, but there was still the ominous clotless leaking. At the end of ten hours the leaking seemed partially improved, not restrained, but the general symptoms were worse; the patient was pulseless and cold, and we removed the packing, and, finding the os open, hastily emp ied the womb of its contents, not losing five minutes with the operation, and with better opportunities for the use of local remedies, and with strychnia and brandy hypodermically, continued our efforts. But all to no effect; in less than twenty-four hours our patient leaked her life away. The trouble in this instance must have been in the crasis of the blood. Not a clot was ever formed—not the smallest—from the beginning of the attack to the last minute. This patient was a lady of fine physique, and in good health. I had attended her in four labors at full term, without any complication; and two years before had removed from beneath the ramus of her inferior maxillary a large fibroid tumor. This operation was of course attended with quite a loss of blood, but I had no difficulty in controlling the hemorrhage, and could never account for the condition of affairs under which, or owing to which, she lost her life.

And I can recall other cases in which life was saved only by the most prompt and active measures; and others in which for lack of prompt and active measures life was lost.

I can not, therefore, regard the prognosis of abortion as otherwise than grave.

There is always danger of sepsis also following abortion, especially if we have to enter the uterus with fingers or with instruments; but this danger may be averted by antiseptic treatment.

Treatment.

Of the treatment of abortion, as far as prevention is concerned, we have already spoken to some extent in reciting the causes. The patient should lead a quiet life, avoid all causes of excitement, of every character, be put to bed once a month, for a week, at the time for the regularly recurring menstrual periods, until the fetus is viable. She should avoid all sexual congress. She should be kept on the plainest and most unstimulating diet. She should be placed for months upon specific treatment if there be any reason to suspect any specific trouble. Sir. J. Y. Simpson advises that the mother be kept upon five-grain doses of chlorate of potash, well diluted, three times a day for the whole period of utero-gestation, on the theory of increasing the oxygen of the blood and diminishing uterine irritation and engorgement. I have had no experience with this remedy.

For Threatened Abortion.

There is generally some probability of arrest (except in the case of the habitual abortioner) as long as the fetus is alive and there is no hemorrhage. And, as it is impossible in most instances to say whether the fetus is alive or not, it is our duty to give the mother a chance to complete her term. This we can safely promise, provided the hemorrhage is not

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too great. The patient should be put to bed in a cool and quiet room, only the nurse and necessary attendants admitted, and kept under the influence of opium, administered preferably by suppository, or enema, one grain every five or six hours, according to the severity of the pain. If the pain be severe when the physician is called, it is well to begin the opiate treatment by a hypodermic of one-fourth of a grain of sulphate of morphia. And it will be well enough to impress upon the patient that her pain must be kept in abeyance; that pain in her case is a great evil: as indeed pain in all cases is a great evil, and will be as long as the nervous system governs in all of the functions of the human economy. That late eminent practitioner, Dr. Dickenson of South Carolina, used to say that he killed a pain wherever he found it, as he killed a snake wherever he found it, and enquired what sort of a snake it was afterwards.

I am aware that these views of the use of opium will be considered heretical by many whose opinions are of weight, and that medicinally and morally it is considered a menace to the safety of many; but I will throw in the scales by which it is weighed fifty long years of conscientious labor, and the endorsement of all the experience which all those years have given me. The contention involves the old story of use and abuse. And I hold to opium still, as I hold to the lancet still, guarded by the conservative German motto: Accept of nothing because it is new; reject nothing because it is old."

In some cases, one of the elegant elixirs of viburnum, which are put upon the market so numerously, may be tried; but, if the pain be at all severe, opium in some form will have to be exhibited. Cool acidulated drinks may be administered, but the local application of cold is of questionable propriety, as it may bring on uterine contraction.

Treatment of Inevitable Abortion.

But if, in spite of all precautionary and sedative treatment, the flow increases or persists, and the patient is becoming blanched and nervous, and the pulse is quickened ten or fifteen beats in the minute, prompt and radical treatment should be at once adopted. Ergot, and the expectant plan, are not now to be relied on, and are dangerous. The woman should be placed upon a table or brought to the edge of a hard bed, the vagina douched with some antiseptic solution, as a two per cent. solution of carbolic acid, or creolin, or, preferably, with a solution of Tyree's Antiseptic Powder; and, using one blade of Sim's speculum, or the speculum of Edobohls, the perineum should be pulled down and the vagina thoroughly packed with sterilized or antiseptic gauze. This will prevent further hemorrhage, if effectively done, and the patient may be safely entrusted to the nurse for some hours. Uterine action will be certainly induced, and, on the removal of the tampon, at the end of twelve or twenty-four hours, the os will be found patulous, and the finger or forceps may be used to detach and romeve the contents of the womb. Occasionally, in the early stage of pregnancy, the fetus will be found extruded in the vagina, and sometimes, and fortunately, the secundines with it. But such fortuitous result is not to be expected often. Generally the latter are retained, to give further trouble as long as retained—a menace to the mother's life, and a source of anxious care to the doctor. Hemorrhage or sepsis may confidently be expected, and we should lose no time in awaiting either.

If the condition of the woman should justify immediate interference, then there should be no delay in the operation necessary for their removal. The character of the operation necessary for this would depend upon the age of the fetus. If past the third month, and the placenta be formed, this can usually be removed by the placental forceps. If any unusual adhesion, this process will not prove so easy of execution. Any member of this body who has ever encountered a case of this character will bear me out in this statement. The difficulty will probably consist in the retention of the deciduous membranes, or of an uterine mole, partially organized. Nothing is left to be done in such a case but to curette the

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womb. This should be done under the use of chloroform, and should be done only under the strictest antiseptic conditions. Not only should the uterus and vagina be douched with some antiseptic solution, such as one of those just enumerated, but the external genitals, and all the parts adjacent, should be scoured and made thoroughly aseptic. And the physician himself should be equally careful of himself and his hands. The woman then being placed in position for lithotomy, the womb is brought down by vulcellæ, and steadied by the nurse and curetted by a moderately sharp curette. I use a curette, the handle of which is hollow and attached by india-rubber tubing to the douche bag, which enables me to curette and douche at the same time.

Objection is sometimes raised to the curette, especially the sharp curette; that there is danger of scraping through the wall of the uterus. Such danger, it seems to me, is very remote, and not at all comparable to the danger attendant on leaving the retained secundines *in situ* in the womb—not only provocative of hemorrhage as long as they remain, but also of sepsis.

If, after removing the tampon, the mouth of the womb is not sufficiently open to admit the finger or the curette, the divulsor should be used, and the operation completed. After the operation, when the womb has been emptied, it should be tamponned, but not the vagina, with sterilized gauze or iodoform gauze, which may be left in place for twenty-four hours. The subsequent treatment must conform to the condition in each individual case. With care and watchfulness on the part of the doctor and quiet and regimen on the part of the patient, no danger may be apprehended from the operation, if done antiseptically.

And now, if the Fellows of the Society will bear with me in a personal allusion, I will say that the first curettage or scraping of the womb which I ever saw, or heard of, was done by myself, soon after the termination of the late war between the States. I was called to a lady who had had an abortion some month or more before I saw her, and who had bled during the whole time since, until she was almost exsanguine, nearer without blood than any living person whom I ever saw. On examination I found the mouth of the womb sufficiently patulous for the introduction of my finger, and, on introducing the finger, it impinged on some body entirely unfamiliar to my touch. I determined then to go into the womb, in the presence of, but without the approval of, two excellent practitioners, who made an unfavorable prognosis and declined to share the responsibility. I then fastened a small spoon to the end of a whalebone stick, such as we often see lying about ladies' chambers, and made my first curettage. I scraped out a great quantity of anomalous matter, but mostly of gelatinous character and filled with cells almost large enough to be taken for hydatids, and swabbed out the womb with a saturated solution of sulphate of iron, the hemostatic which we had used so generally during the war. There was no more hemorrhage; and I suppose I might say, in the language of the present day, my patient made an uneventful recovery. That statement was true as far as the operation was concerned, as perhaps many other statements to that effect are true, as far as the operation is concerned, but it was a long and tedious pull to get her up to health, for which the family physician should receive more credit than the surgeon.

32 Union Street.

Some Special Articles in the February Issue.

A Psycopathic Hospital between the Home and the Asylum, by Ernest Hall, M. D.; A Systematic Study of Therapeutics, by Finley Ellingwood, M. D.; Treatment of Constipation, by W. O. Bunnell, M. D.; Specific Treatment of Small-pox, by T. C. Osborn, M. D.; Treatment of Syphilis, by A. H. P. Leuf, M. D.; Gymnastic Treatment of Constipation, by J. C. Elsom, M. D.; Formalin in the Treatment of Necrosis and Abscess, by David Gordon, M. D.; Disorders of the Male Urethra as Seen by the General Practitioner, by Lester Keller, M. D.; Ergot in Labor and Pregnancy; Value of Cold Bath in Typhoid Fever; Treatment of Drunkards; Diet for Easement of Labor; Child-bearing in Africa. We still have a few copies of the February number on hand to supply if you subscribe without delay.

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Superheated Compressed Air in the Therapeutics of Chronic Catarrhal Otitis Media.

By GEORGE W. HOPKINS, M. D.,
Cleveland, O.

While engaged in conducting extensive experiments to determine the efficacy of superheated dry air in the treatment of obstinate joint affections, some five years ago, it occurred to the writer that this most important agency might be of some value in the treatment of those obstinate cases of chronic catarrhal otitis media which are characterized by ankylosis of the ossicles. With a view to determining the capabilities of the treatment in this direction, several typical cases were selected, the diagnosis in each instance being confirmed by colleagues of reputation as aurists, and suitable heating devices for their treatment constructed.

The first case subjected to treatment is of especial interest at this time as it illustrates, in a measure, the possibilities of treatment even with the crude heater, employed at that time, and also because it has had the best test, that of time, the case having been discharged about five years ago.

The patient, John L. ———, aged 53 years; a carpenter, with excellent family and personal history, has never been seriously ill, but has had nasal catarrh for fifteen years and gradually increasing deafness for ten years.

Examination revealed a typical case of hypertrophic rhinitis. The watch tick could be faintly heard with the watch in very close contact with the left ear. The tick could be heard to a distance of three inches from the right ear. The left ear was selected for the test.

Diagnosis—Chronic catarrhal otitis media, with sclerosis and displacement of the tympanum, ankylosis of the ossicles, slight dilation of the Eustachian tube, and some labyrinthine involvement.

The diagnosis was confirmed by two colleagues of reputation as aurists, before treatment was instituted. Regular, systematic treatment, continued for two years before this experiment was made, had scarcely stayed the progress of the disease.

Treatment—The ear was thoroughly cleansed with alcohol for several days before treatment was instituted. The patient was then seated in a comfortable chair, the ear examined and found perfectly clean. Narrow strips of dry gauze were packed into the ear and a large pad of dry gauze placed over the ear. The ear was then covered with the canvas-sleeve hot-air conductor, and a current of air sent into the canal at a temperature which gradually attained 400° F.

The temperature was easily borne, if gradually increased until a high point was reached, the only discomfort attending the treatment arising from a severe headache which followed it, but which was promptly relieved by a dose of codeine.

Following the hot-air treatment, the Eustachian tube was always inflated with a warm stimulating vapor from a Globe nebulizer, vibratory massage with the nebulizer completing the treatment.

The patient was not allowed to leave the office for a half hour after treatment, and the ear was tightly packed with warm cotton before he went out.

The nose and pharynx received appropriate treatment with antiseptic washes, etc.

Treatments were continued on alternate days for three months, at the end of which time he could hear the watch tick distinctly at thirty-four inches, and surprised his friends by invariably replying to their whispered references to him.

The right ear was then similarly treated, and in ten weeks an equally good result was secured.

Examination showed that the ears were normal in appearance. The patient was discharged January 6, 1897, and careful tests made at frequent intervals since have shown no tendency to recurrence.

As to the philosophy of such a cure by this agency little can be said at this time, but it seems certain that the intense heat stimulates the circulation through the blood-supply on the posterior side of the manubrium, causing absorption of the

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articular deposits; removing atrophy and relieving the rigidity of the tensor tympani. The ossicles lie so near the surface that they receive the full benefit of heat applied to the tympanum, and adhesions between portions of the ossicular chain and the adjoining bony walls of the middle ear are readily removed.

Naturally, much better results are secured in the same period of time in hypertrophic cases than in those characterized by hyperplasia; but many cases of the latter type, which would ordinarily have been regarded as hopeless, have gradually improved under this treatment until marked benefit was secured.

Apparatus.

An ordinary gas room heater was fitted up with a funnel top and a canvas-sleeve which conducted the heat to the ear under treatment.

For four years following this trial the writer pursued similar experiments on a number of cases—sixty-two in all—and had but four absolute failures—all of them occurring in old people who had extensive labyrinthine involvement.

But while these results were exceedingly gratifying, there were several serious and annoying obstacles to the successful employment of the treatment which have only recently been entirely overcome.

The chief obstacle has always been the fact that it was difficult to introduce super-heated air to a cavity like the ear, which would not permit the free passage of a current of hot-air to its blind end—the membranum tympani—where the heat was most needed.

Before the desired temperature could be secured at the tympanum, the heat would become unbearable on the auricle.

Most of the heat was, of necessity, wasted, and any hot air which reached the tympanum merely reached it accidentally, so to speak.

The natural obstacle in this direction was increased in magnitude by the necessity for packing the canal with gauze to prevent burning.

Nor could these obstacles be overcome by employing a different heater of the prevailing type.

All of the heaters now manufactured, to the knowledge of the author, are of the "natural draft" type, in which most of the heat must, of necessity, be wasted, in order to secure perfect combustion, and if any attempt be made with them to drive the heat through any resistance, such as a closed cavity, like the ear affords, the heat will immediately travel in a volume through paths of less resistance—the draft holes.

Consequently we are powerless to direct the heat where we would, at will.

This obstacle may be overcome, in a small way, by perforating the "sleeve" or conductor, freely near its distal end, but, at best, even this constitutes a very crude form of treatment.

Nevertheless, despite these readily apparent disadvantages, the old appliances and old methods have yielded such splendid results as were never attainable by other agencies.

A far better way has been found, however, and it is made available by a heater recently constructed for the author, along entirely different lines, by The Terry Heater Company, of Cincinnati.

This heater has been made for me in three types, as illustrated, deriving their heat, respectively, from alcohol, gas and electricity, the choice of instruments depending upon convenience.

The heater in its various types, derives its superiority from the fact that it heats compressed air and delivers it to the patient, under pressure, at the desired point only and cannot escape at any other point.

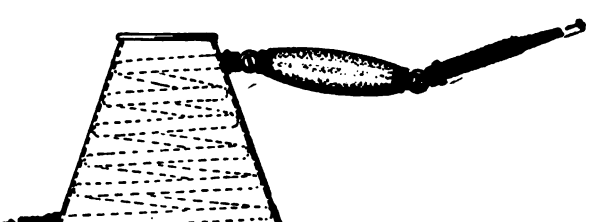

Fig. 1. Alcohol Heater.

The alcohol heater (Fig. 1) consists of a metal cone around the inside of which is wound a tapering coil of copper tub-

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ing. Beneath it is an alcohol lamp which heats the coil to a high temperature in a few minutes.

Compressed air from a tank, pump or bulb enters the heating coil at the bottom, through rubber tubing, and leaves it at the top through a metallic tube having an ear-tip of vulcanized fiber, shaped similarly to an ear speculum.

The delivering tube has two rotating joints which make it rea lily adaptable to to any position of the patient, and the vulcanized fiber ear-tip does not become inconveniently hot, even when the hottest air is passing through it.

This heater is far superior to those of the old type, but has a much smaller capacity than either the gas or electric heater of the new type.

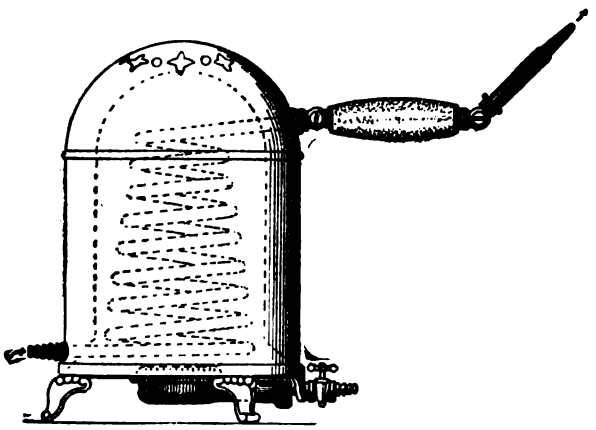

Fig. 2. Gas Heater.

The gas heater (Fig. 2) consists of a blue-flame heater over which is set a similar, but larger, coil of copper tubing. The compressed air enters and leaves the coil in the same manner. It has a large capacity, is economical in cost of operation, and gives splendid results.

The electric heater (Fig. 3) is the ideal appliance of this ideal type. It takes the current from the 110-volt lighting circuit through an ordinary lighting-socket and plug, and can be used on either the direct or alternating current.

It consists of an air-tight tube, holding within it the wire heating-coil. A nickel-plated hood surrounds it and the intervening space is packed with asbestos.

The wires enter the tube at the bottom through a bushing, and as the tube is

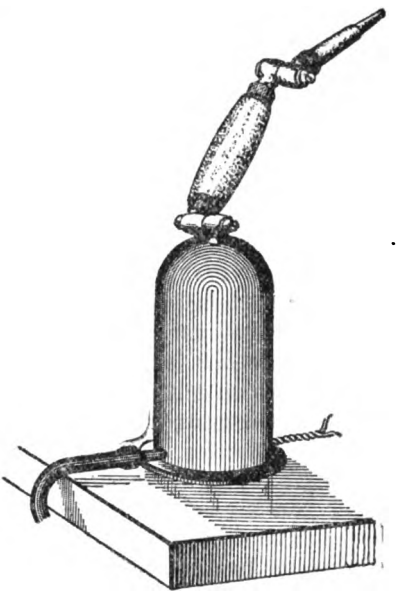

Fig. 3. Electric Heater.

perfectly air-tight it serves the purpose of a coil of copper tubing and makes the latter unnecessary.

Compressed air enters the tube at the bottom and leaves at the top in a manner similar to the other heaters of this type. Air passing through this appliance acquires its maximum temperature in eight minutes—a rate of elevation which is just about right—and the heater is an ideal one in every respect.

With either the gas or electric apparatus an enormous volume and degree of heat can be secured at will.

The results secured by employing a heater of this type are incomparably better than the good results secured from heaters of the old and crude type.

Heaters of the new type have a direct, definite and positive action. They embody safety and convenience in every detail and yield certain and prompt results because the compressed air which they heat must escape, with more or less force, at the exact spot desired and cannot escape at any other point.

So great is this advantage that compressed air heaters will perhaps ultimately

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entirely replace the old "natural draft," heaters.

Several seemingly peculiar facts must be borne in mind in employing com pressed air heaters.

(1) When the appliance becomes hot and exit is through a small opening, as in an ear-tip, the temperature of the air is proportional to the rate of flow, or degree of air pressure.

Strange as it may seem, the air temperature may be increased one hundred degrees by increasing the air pressure five pounds, or conversely, the temperature may be decreased by lowering the pressure. This fact enables us to regulate the temperature at will by merely increasing or decreasing the volume of air entering the cylinder.

(2) The air temperature drops very rapidly after the air leaves the exit nozzle, and in order to secure the maximum heat the part under treatment must be as near the nozzle as possible and still allow room for escape of the used air if a cavity like the ear is under treatment.

Results Obtained.

As to the results which may reasonably be expected from the judicious and skillful employment of this agency with good appliances in cases of chronic catarrhal otitis media, it may be said:

(1) That as an exclusive treatment it is rarely of much value in bad cases.

(2) That when indicated and judiciously employed, in conjunction with other measures of recognized value, it will give results which would be utterly impossible without its aid.

(3) That when employed with care it is absolutely safe unless contra-indicated.

(4) That it is of little value in old subjects who have extensive labyrinthine involvement.

(5) That it stimulates absorption of articular deposits, removes atrophy and relieves rigidity of the tensor tympani.

(6) That it acts more favorably on the ossicular chain than on many other articulations, because of their exceptional proximity to the surface.

(7) That arteriosclerosis, serous effusions into the tympanum and perforations of the tympanum are usually contra-indications, and always contra-indications to the inexperienced operator.

Technique.

The ear selected for treatment is carefully examined and found to be perfectly clean and dry.

A light pad of gauze (two thicknesses) is placed over the ear and with an ear speculum the gauze is pressed deeply into the canal.

The ear-tip of the heater is then carried well into the canal, leaving only room enough between the tip and the tympanum for the escape of the used air.

The electricity is then turned on, or the gas ignited (as the case may be) and the compressed air is admitted to the cylinder under about five pounds pressure. It is well to give a ten or fifteen-minute *seance*, increasing the temperature gradually until the limit of toleration is reached. The temperature steadily increases until the heater reaches its generating limit at that air-pressure and if the patient tolerates the temperature well it may be further increased by raising the air-pressure to seven, eight or even ten pounds, in most cases. One cannot be guided by thermometers in giving these treatments and hence they are not employed on the new heater described. The only guide which can safely be followed is the individual toleration of the patient. But it is well to remember that the more slowly the temperature is raised the higher temperature the patient can endure without discomfort.

Treatments are best given three times a week for from three to twelve months.

Every case must be treated as a whole. He who neglects the appropriate treatment of the naso-pharnyx is doomed to disappointment.

Antiseptic washes must be used. All abnormal conditions must be rationally treated. Constitutional measures, when indicated, must not be neglected. Inflation of the Eustachian tube with a warm, stimulating vapor from some good apparatus like the Globe Nebulizer is usually imperative.

It is well to practice Eustachian inflation and vibratory massage of the middle ear with medicated vapor from the Neb-

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ulizer after each hot-air treatment, being particular that the vapor is warm. A warm vapor is easily secured by connecting the compressed-air heater in series with the Nebulizer, sending the compressed air first through the heater and then through the Nebulizer.

Careful attention to all details brings most gratifying successs in the form of gradually and steadily improved hearing and gradual disappearance of tinnitus.

A single detail neglected may cause absolute failure.

1016 New England Building.

A Case of Ectopic Pregnancy.

By CARL GISSLER, M. D.
Brooklyn, N. Y.,

On January 15, 1899, my son, Dr. Edw. F. Gissler, of 32 Cedar Street, was called to see Mrs. Bemeschatis, age 38, at 1193 Madison Street. The lady had three children, the youngest one a year old. As her menstruation, which was usually regular, had ceased some ten weeks before, she thought herself pregnant. Previous to my son's calling, Dr. H. Bender, of 683 Bushwick Avenue, had prescribed some bromide. As Dr. Edw. F. G. found the lady in a very precarious condition, with a "facies abdominalis," a pulse at 130, and a temperature of 106 ° F., and hearing the history of an attempted abortion by a midwife, he telephoned to the coroner to inform him in case of a fatal issue. (Similar to the one with Mrs. E. Butz, who performed a criminal operation on a woman in her house, where I took my son-in-law, Dr. Chas. H. Ermentraut, of 175 Central Avenue, along with me, and whom (Mrs. Butz) I accused next day after the woman's death, of having sent the anonymous postal card to the *New York World*, which trial cost me my house and lot.)

Dr. Edw. F. Gissler curetted the uterus the same day and removed what was apparently a fungoid growth, the cavity measuring four inches with the uterus in anteflexion. A soft, fluctuating mass was detected near the left cornu. The uterus was irrigated and tamponned with iodoform gauze. The following day the tampon was removed and again followed by irrigation. Temp., 103° ; pulse, 120.

A diagnosis was made of either a left-sided pyosalpinx or an extra-uterine pregnancy with ruptured sac. I was called to see her on January 19, 1899, and proposed a laparotomy, to which she readily gave her consent. This was done by me, my son assisting, at 9.30 A. M., January 20th, at which time not a trace of pulse could be felt at her wrist ; Dr. Henry Osthues, of 114 Reid Avenue, giving first chloroform and then ether and stopping anesthesia as soon as I closed the peritoneum. The case proved to be an ectopic pregnancy of some eight weeks, the embryo measuring about two and a-half inches.

A trapdoor incision was made through the internal edge of the left rectus muscle. The left tube I tied off in three sections and removed it, together with over three pints of blood clots, the outer edges of which having a grayish color from beginning putrescence. A tablespoonful of kitchen salt dissolved in a pint of warm water, which solution we assumed to be aseptic (and apparently proved to be so), was poured into the abdominal cavity and the abdomen closed in four layers, chromicized catgut No. 1 (continuous) to peritoneum, interrupted fine silk through edge of rectus, interrupted fine silk for aponeurosis and five superficial silkworm gut sutures. Perfect recovery.

264 Cornelia St.

Lobelia as a Local Remedy in Stricture.

Dr. Boskowitz, of New York City, asserts that lobelia will cure spasmodic stricture "as if by magic," and in permanent stricture where it is impossible to pass the smallest sound, the difficulty will be easily overcome after a single application of the drug. He drops into the urethra about fifteen drops of fl. ext. lobelia, then closes the meatus and holds the lobelia in the urethra for a few minutes. He has constantly employed this treatment for several years in cases of stricture, with uniform success.

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Communications.

Simple Cure of Constipation.

TO THE MEDICAL COUNCIL:

In THE COUNCIL for February I notice two articles on Constipation, one by J. C. Elsom, and one by W. O. Bunnell, in which I see much wisdom. Yet I would like to give the profession a little of my experience in treating this very common affliction.

Although there are exceptions to the rule, I find most cases of constipation are caused from a lack of attending to the call of Nature. Having some unfinished work to perform when Nature calls, it is put off until the work is finished, then the call is forgotten and the subject becomes habitually constipated.

For years I tried to relieve these troubles by the administration of such drugs as are recommended by Dr. Bunnell, but I found that when the medicines were discontinued the constipation returned as bad as ever. For many years I have not given a drug to relieve constipation, nor have I had a case I did not cure.

I first give the patient a severe lecture on his neglect to answer the call of Nature promptly. Then I instruct him to finish each meal with a good ripe apple (and, if small, to eat two). And, as I consider the most appropriate time for the bowels to move is immediately after breakfast, I instruct the patient to fill an ordinary P. P. syringe with pure glycerine and inject, *per rectum*, immediately after that meal, which will usually cause a free passage within five or ten minutes, and to continue these injections until Nature calls at that time without its use. I have found the glycerine to be needed but a short time, and the patient is made happy without swallowing nauseating drugs. I have made this article as short as possible that it may be easily digested, and if it will help some brother out as it has helped me, it will be a pleasure for me to know it.

C. S. WEBSTER, M.D.

White City, Kansas.

Small-Pox—Bichloride Treatment Confirmed.

[In our February issue Dr. T. C. Osborn gave his treatment of small-pox by sponging the patient with 1 to 250 and even 1 to 100 solution of bichloride of mercury. Dr. Osborn sends us the following letter lately received by himself. —ED.]

SANTA ROSA, CAL., Feb. 3, 1902.

DR. T. C. OSBORN, Cleburn, Texas.

Dear Dr. Osborn:

Your very kind favor of January 31st to hand; and I wish to thank you for your prompt and kind answer to my letter. I have been using the bichloride treatment with phenomenal success. Have had six cases of small-pox and eight cases of varioloid. No deaths and no pitting, except in one case of confluent small-pox, which had the eruption out about seven days before I saw it and took the case in charge.

I will send you a detailed report of all my cases when I am through.

I am, fraternally yours,

S. S. BOGLE.

"The Battling of Questions for Young Physicians."

Under the above heading, Dr. W. C. Proud, of Oregon, Mo., contributed, in our February number, page 71, a series of sixteen interesting and somewhat puzzling questions, such as are very frequently asked of the family physician, and requesting satisfactory replies from doctors of experience. From the many sets of replies received we have selected the following as being best and illustrating various points of view. Get out your February number and consider the different replies to the first question, marking the percentage of merit, according to your opinion. Then take the second question, and so on through the list.

TO THE MEDICAL COUNCIL:

Dr. Proud's list of puzzling questions, which physicians are called upon to

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answer, cannot be stereotyped any more than an answer to "What weather is indicated to-day?" The tactful physician is ever ready with a reply adapted to the querist and the circumstances. Taking the average of these my experience would suggest the following, but it is seldom that an answer does not lead to another question, and this cannot be anticipated; hence, no stereotyped reply can be used.

1. "Her conditon is serious, but I am hopeful." (It might be added that all sickness is more or less dangerous, as complications cannot be foretold.)

2. "This is always possible but not probable."

3. "Causes are so many and complex, that no single cause is likely." (Or, it might be stated truthfully, that "her assimilative functions were upset.")

4. "It depends. Wine or food is dangerous if used indiscreetly." (Reference may be made to dangerous doses of all remedies.")

5. "Yes, if the cause can be removed." (Then be prepared for the subsequent question, and confound the querist with the pathology.)

6. "Do you think I would give your child harmful medicine?" (The proper reply to such a question is such as might be given to expressed lack of confidence in any case.)

7. "No reason why she should not, if she fully recovers."

8. "Can never tell without knowing the cause of it. Anything that will remove the cause, and that will require careful examination."

9. Same as 6.

10. "For the same reason that some Christian Science patients recover. The influence of the mind on the body.

11, 12. Too trivial to deserve attention.

13, 14, 15. Social ethics determine these.

16. "John's metabolism is badly upset, and where it will finally focus cannot be foretold." If this querist wants to know what metabolism is: "That bodily function which throws out from the body the worn-out matter, which, if retained, is poisonous, and applies nutrients to their specific uses."

It is evident that only very young and inexperienced physicians need assistance in the cases cited. Ingenuity in "putting off" definite inquiries should be one of the qualities of a successful practitioner.

P. M. WISE, M. D.

New York City.

TO THE MEDICAL COUNCIL:

Without assuming to be an authority I venture to answer briefly the questions (without repeating them) of Dr. W. C. Proud in February number:

1. "With the careful attention I propose to give this case, I do not anticipate serious results."

2. "This ailment is liable (or not) to complications, but we will do all we can to avoid them."

3. Explain or fog the pathology—as in most cases you can.

4. "I have never had any bad results from chloroform, and consider it practically safe."

5. Explain the clot and say that "if brain is not too seriously interfered with, the blood may be absorbed, with fair recovery."

6. "No; I regulate the dose according to age."

7. "In this case we look for a return of robust health."

8. "Headaches have various causes, and not until this is ascertained could we advise proper treatment."

9. "Every correct remedy is in use; but this being a serious disorder, please feel free to call a council."

10. "This illustrates shock cure; the nerve is scared."

11. "Alarmingly ill; too early to predict result."

12. "Very much better and likely to make a prompt recovery."

13. Bow to all, speak only to nurse; advise less company (often).

14. Depends on case; as before, may say "Good-day all; you are doing nicely."

15. "An abdominal trouble."

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16. "No definite name for it to-day, but his symptoms point to ——."

E. H. Wells, M. D.

Meshoppen, Pa.

To The Medical Council:

I will give some answers to W. C. Proud's questions on page 71, of February, 1902, Council:

1. "Yes," or "no immediate danger."

2. "Complications are liable with any disease."

3. If I do not know I would say "I do not know."

4. "Not generally so considered."

5. "Yes; but the same remedies do not always cure every case."

6. "No; I give them according to age and constitution."

7. "Nearly all get as strong as ever in time."

8. "Some of my tablets" (or pills or powders).

9. "Yes."

10. "That is purely a nerve sensation."

11. "Better," "The same," "worse," as the case may be.

12. "Getting along nicely."

13. Bow and speak to all in same room at one time, as though there was but one person in the room.

14. Address them all with one adieu at the same time.

15. If a meddlesome inquisitor, say she has pain under her apron-strings.

16. Unsettled stomach, liver, some headache, nothing settled yet.

D. Barringer, M. D.

Rock Ridge, O.

To The Medical Council—

I answer "Battling of Questions for Young Physicians":

1. "Yes, very. May possibly get well."

2. "There is always danger of complications."

3. "Want of healthful equilibrium."

4. "Yes, in the hands of ignorance."

5. "Oh, yes; if he had it in time."

6. "Altogether owing to whose children."

7. "Yes, if she fully recovers."

8. "Some of my powders."

9. "Yes. Have tried everything."

10. "Want of exertion. Take exercise and keep your teeth in good condition."

11. "One is quite sick."

12. "Child is quite sick." (Note.—Until dismissed, can't say it is doing well.)

13. Politely, without commonplace talk to any. Let all the conversation be with the patient or the attendant."

14. Politely, with as few words as possible.

15. "She is sick."

16. "He is threatened with a hard spell of sickness."

I find that to those unconnected, but always busybodies, with and around your patient, the less you say (always be polite) and the less satisfaction you give in a mystifying manner, the more and better they will think of you.

R. H. Hale, M. D.

York Station, Ala.

Answers to Dr. Proud's questions:

1. "There is no *immediate* danger."

2. "Certain complications sometimes occur, but I am watching for them, and ready to act as the first symptoms appear."

3. "Give diagnosis and cause."

4. The danger is so remote, when used properly, that we do not fear it."

5. "No. The patient may, however, improve, but it will be slow, and only partially regain his health."

6. "No, the medicines I give children are just what they need."

7. "Yes," or "No," according to the nature of the case and the probable results.

8. "I have several remedies I use according to the indications in each case. Shall I prescribe some for you?"

9. "I am sure I have not. I am watching every symptom carefully, and also for complications, and am prepared to meet them."

10. "*Fear is Nature's anesthetic.* Pain will return when the scare is over."

11. "Doing as well as could be expected under conditions present."

12. "Much better."

13. Speak politely to all. Then proceed to your business.

14. "Good-day." Pass out quietly.

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15. "She has grip." After he finds out what really is the matter, which he will, he will not bother you again.

16. What you say about the case will be a proper answer, and show you to be honest and not a pretender.

R. T. OLMSTED.

Versailles, Ind.

Fracture Suggestions.

Never apply a plaster splint to a compound fracture.

Treat the lacerations and contusions antiseptically.

The bandage is so applied that, while holding the bones, it does not cover the laceration.

It is a good rule to unbandage a fractured limb every two to five days, particularly a compound fracture; then wash and rub the limb thoroughly.

Ununited fracture comes more frequently from circulatory stasis than from movements of the fractured ends; then do not be so dreadfully afraid of possibly breaking adhesions when the splint is carefully removed.

A little massage will quickly compensate for a trifle of the disturbance of the fractured ends.

If pus should form, use calcium sulphide and echinacea, or ichthyol; keep bowels free and apply H^2O^2, ichthyol, etc., locally.

Every traumatism has its medical as well as surgical aspect; that's what's the matter with the man of one idea—the surgeon.

Above all, call frequently upon your fracture cases; and if they want the dressings or splints altered, try to oblige them, for that is what they pay you for.—BOYNTON, in *Medical Journal.*

I find THE COUNCIL still one of the very best and most readable, as well as instructive medical periodicals I take. I wish you great sucess during the coming year, because THE COUNCIL, for intrinsic worth, deserves it.

Sincerely, C. C. CRAWFORD, M. D.
Chester Heights, Pa.

I used the Physicians Pocket Account Book last year and I am very much pleased with it.
Capron, Va. DR. F. E. WILLIAMS.

The Business Side

OF MEDICAL PRACTICE.

While we as physicians desire to be scientific students and practitioners of medicine, yet we desire also, for the welfare of our dependent ones and for the sake of our standing in the community, to secure a fair compensation for the services we render to our fellow-men and to society. To this purpose The Council will occasionally conduct a brief department in which may be discussed those subjects that pertain to the financial welfare of the practitioner and the profession. Ideas are solicited for this column.

A Hard Bill to Collect.

Drs. G. G. White and W. A. Milleo, of Elkader, Iowa, report a peculiar medico-legal experience, in the *Philadelphia Medical Journal* of December 14, 1901. They presented a bill for medical services, which the defendant refused to pay on the ground that the charge was excessive, and the bill ambiguous. The doctors were prevented from proving the value of their services by stating what they had been, because the legal code of the State provides that a physician has no right to testify as to the nature of the malady of a patient, unless permitted to do so by him, which in this instance was, of course, refused, thus preventing the claimants from proving their bill to be a just one. The doctors suggest that the only remedy in a case of this kind is to collect in advance.

This is, undoubtedly, the best remedy, but is by no means always feasible, in fact, only so in exceptional cases. It is, however, always possible to get a note for the amount from the patient, payable at sight or at such time as may be arranged for, and this may be an ordinary note or one confessing judgment, and in Pennsylvania waiving the exemption provided by the constitution of the State. Another remedy would have been, and

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we believe still exists, for the plaintiffs in this Iowa case to tender another bill, specifically setting forth, in as much detail as is necessary, the exact number and times of the rendering of services, together with their nature, and then again entering suit. They could then challenge the defendant to produce his bill and prove that it was ambiguous, if this should again be his defence, failing in which, they can offer a duplicate in evidence. Further than this, should they not be able to put this matter before a jury, they can get all the detailed information necessary as to the number of times this man was seen, how long a time it required in each instance, and just what was done, without necessarily exposing the nature of the ailment. If special knowledge was requisite in doing this work, this fact should also be set forth. We feel confident that these gentlemen have redress, even under the laws of Iowa, provided they go to work about it in the right way, and we think it a duty that they owe to the profession as well as to themselves, to make another attempt to collect what is due them.

Doctors in Speculation.

We notice many of our exchanges carrying large and flaming advertisements of Wall Street speculating houses, where the other fellow holds the information and the investing doctor is supposed to furnish the money. How such medical journals can excuse themselves for such a course we cannot imagine. They certainly know that such schemes invariably come out but one way—the too confiding doctor parts with his money and gains some experience. But what must he think of the medical editor, who, for a little pelf, Judas-like betrays him into the hands of the sharpers, who laugh at the dupes while spending their money in the riotous debauchery so common in New York City!

Doctor, stay out of speculation. The chances are all one way—against you. Invest your money in some useful and permanent form, as near to you as possible, so that you can look over it without damage to your practice.

We will not betray you with any bogus "financial" advertisements if we know it.

The General Practitioner Also a Specialist.

It has been our theme for many years that each general practitioner should also qualify himself specially in some one branch. We are glad to see the same idea so well expressed by Dr. Thomas H. Manley, of New York, in the following quotation from an article by him in the *Times and Register*:

"The busy, overworked (?) practitioner has ample time to qualify in at least one side study, and cultivate that in order that he may ply it with success; moreover, when time has thinned and frosted his hair, when he is no longer equal to the exposure and hardship of general practice, he may ply this branch with profit and advantage."

Commercialism Necessary in Medicine.

No other class of men is less well rewarded for a life of devotion and self-denial than are the medical men of the age. Out of the one hundred and twenty-five thousand doctors in the United States, how many are there who make and save money? Men following other and less arduous pursuits are enabled to retire at the close of a business career with sufficient property to enable them to live in comfort and sometimes even in luxury until the end of their days; but the physicians who can do this are very few.

Unfortunately for the physician, the

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medical profession seldom sees combined in its members the two factors of ability as a practitioner and ability as a business man. This can undoubtedly be accounted for to some extent by the fact that the true doctor gives himself up to his work of healing, thinking little of the matter of recompense for his services. Commercialism does not easily develop in harmony with medical achievement. Our best physicians and surgeons must be men with a scientific bent and the very thing that makes them successful in the practice of their profession takes away from the practical business side, so necessary to the material success of the medical man.

How many physicians are there who collect their fees with the same regularity that the merchant uses? Not many. Why has not the doctor the same right to his pay that the business man has to his? Some physicians say that the merchant has already bought and paid for his goods and therefore has to be reimbursed in order to carry on his business. Very well. But the physician has also bought and presumably paid for his education and his equipment, the means by which he is enabled to carry on his profession. He is entitled to reimbursement for his outlay, if the only commodity he has to offer—namely, his services—is worth receiving.

The doctor who is a poor collector does not appreciate his own services at their full value and under such circumstances he must not expect a great many of his so-called "patients" to appreciate them, either. The physician, on the other hand, who has enthusiasm and strong convictions that he is fully conversant with his profession and must be paid for what he does, usually gets his fee and with it the respect of the community. Only in this way can he obtain the means for carrying on his profession. In these days of elaborate equipment for physicians and surgeons, the new devices and inventions constantly being brought into use, considerable outlay is required for a practitioner who wishes to be thoroughly modern; and there is no reason why he should not be paid proportionately for the increased value of the services he is able to render with proper equipment. It is found that the physicians who send in their statements promptly on the first of the month or as soon as their services are no longer required—owing to the recovery (or death) of the patient—are successful men who are able to enjoy every advantage that prompt payment of their own accounts brings.

The medical man who is "too easy" has to go without the money he needs for a post-graduate course or for a change of scene—and nothing is better for a physician than to get away from home and his "chronics" for two months out of the twelve if he can afford it. And in the majority of cases he cannot afford it unless he has collected the money due him from his patients.

Experience has taught the physicians that it is best to respectfully demand their fees within a reasonable time for services rendered—and a reasonable time can be determined by the customary time extended to the physician himself, when he wishes to make purchases.

Why should physicians give two to five years' time and then ask for their money when other people demand their pay from the profession at 30 to 60 days? A reasonable theory to go on is that if there is any patient of the class ordinarily described as a "dead beat" he won't pay at the end of any time, however generously extended, and the physician is just so much ahead by finding out early the patient's unwillingness to pay, saving himself time and a possible waste of medicine. There is a certain class of men who can and do pay small bills, but can't and won't pay large ones. Every physician has probably had patients who have owed them large bills and are then ashamed to send for them in time of illness, preferring to consult a new man. This is only one of the bad results of over-kindness on the part of the physician. Every practitioner has some charity patients; but it is much better to know in advance that the services rendered are to be set down to charity.—*From Detroit Medical Journal.*

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The Common Law Rights and the Physician's Prescription.

The following is quoted from a masterly presentation and compilation of the decisions relating to the legal status of the ownership of the prescription, by Jervey, in *Chicago Clinic:*

Since prescriptions are not protected by copyright it is essential that a physician should know just what his and the druggist's rights are as established by common law touching a prescription in the hands of the druggist. The law gives a druggist the legal right to use any medical formula, not copyrighted, as often as he pleases, provided it contains no intoxicants or other poisons, which requires a physician's order for dispensing. On the other hand, the druggist has no legal right to allow the physician's name to remain on the container after refilling, or to use that name in any connection whatever with the refilled formula except by the express wish or consent of the physician. The refilling, then, is done (when without the physician's order) solely on the pharmacist's own responsibility. Furthermore, it has been settled by the courts:

1. The patient has no legal or other right to demand a written prescription or written directions from the physician.

2. It is right and wise that the druggist demand and procure from the physician his written orders for the compounding of prescriptions.

3. The physician has the undoubted right to designate what pharmacist shall fill his prescription.

4. The written prescription is simply an order from physician to pharmacist. It is, through courtesy and by virtue of custom and convenience, handed to the patient for transmission, but the latter has not, at any time, the slightest right of possession in the instrument.

5. The druggist has at least the right of permanent guardianship (perhaps of outright possession) of the prescription, and he must keep it on file for reference and for any form of proper investigation.

6. There can be no right, extenuation or excuse for a copy of a prescription, with physician's name attached, to be taken by druggist, patient or anyone else without the authority of the physician.

7. The careful physician should invariably retain a carbon paper fac-simile copy of every prescription he writes.

8. If a druggist refills a prescription without the order of the physician who wrote it, he does so on his own responsibility, and he has no legal or moral right to leave or place the physician's name on the container.

The Duty of the Physician to Himself.

The newspapers announce the death of a venerable physician in the interior of the State, who, after a practice of fifty-five years, leaves uncollected book-accounts amounting to $50,000. It will be in order now for the lay press to moralize on the case, and to refer to the noble alms-giving propensities of the medical profession. Some people will see in this story the evidence that physicians are a noble, self-sacrificing class, while on the other hand certain philistines will say that the case simply proves that doctors have not sense enough to collect their bills. Judgment in such a case depends somewhat upon the point of view. Both interpretations are valid, but on the whole the philistine judgment is the one that goes straighter to the point. It is somewhat deplorable that the medical profession should have forced upon it the reputation of being an eleemosynary corporation, simply because it has slack business methods; and it is not desirable that it should have to support such an undeserved reputation for benevolence at the expense of its own bread and butter. The dear public is not slow to adopt the comfortable idea that physicians practice medicine for the love of their fellowmen, and to let the doctors have the full benefit of this reputation when the bills are presented. There is danger of insincerity and cant on one side and of injustice and fraud on the other; $50,000 in

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uncollected book-accounts are a poor asset for any doctor's estate.—*Phila. Med. Jour.*

The Country Doctor.

Just across the border in Maryland a few years ago an old country doctor died. He had given a half century to the people of his county. He had never declined to answer a call, however bad the weather or however poor the patient. In a material sense his life was not a great success, for he cared little for money and generally gave away what he got. But after his death the people realized what he had been to them and their children, and their children's children. So they met and raised a goodly sum and erected a monument to him. It was one of the most genuine tributes to simple goodness ever known. But in all countries and in all sections are country doctors who deserve larger appreciation while they live and memorials after they die.—*The Philadelphia Times.*

The Doctor's Bill.

The physician himself is at fault for the remissness of his patrons in paying their dues. Indeed, our profession has been brought under contempt through the adage—"As hard to collect as a doctor's bill." Tradesmen are promptly paid the entire amount of their bills. The doctor would be, too, if he would only put up a little fight for it; but, without a particle of business insistence, with child-like timidity, he humbly submits, without protest, to being paid at any odd time, in a haphazard way, at long intervals, and then, usually, only a part of his bill, instead of the whole of it. Eventually, payments become more and more remote, while the amounts at each payment dwindle in proportion.—Dr. G. R. PATTON, in *The Northwestern Lancet.*

DR. J. J. TAYLOR:

Your Pocket Account Book is by far the most convenient and practical book for the purpose in the market to-day.

DR. A. G. PRILL, Scio, Oreg.

BEST IDEAS FROM RECENT LITERATURE.

Acute Tonsillitis Quickly Cured With Tincture of Iodine.

Saturate a long camel's-hair brush with the tincture of iodine, and rapidly brush over the inflamed area, *i.e.*, tonsils, pharynx, uvula, fauces, etc. Should the patient experience intense burning after two minutes, a gargle of plain warm water suffices to relieve the condition. If the patient does not experience the burning, apply the remedy a second time, from three to four minutes after the first application.

The results have been marvellous. Patients who had considerable pain were relieved, and those who conld not sleep, eat or drink, were also relieved within five minutes.

In sixty-eight cases of acute catarrhal and follicular amygdalitis treated by this method within the past two years, I can only report the most gratifying results. Relief from the distressing symptoms was noted within five minutes after the application of the remedy to the inflamed area in every case observed. The intense redness and swelling also became considerably decreased within five minutes. The remedy is the most powerful antiphlogistic in acute inflammatory conditions of the throat that I am acquainted with.

When the inflamed area, after twenty-four hours, had shown much improvement, with a tendency toward a rapid cure, the application of the tincture of iodine was not repeated. In some of the cases nothing else was done; in others, the usual throat remedies appropriate to the disease were prescribed. When the drug has been applied very early in the disease, I have succeeded in aborting an apparently intense amygdalitis. In acute pharyngitis and uvulitis the tincture of iodine also acts admirably. In suppurating or phlegmonous amygdalitis the application of the tincture of iodine has given relief to the intense pain, partially reduced the swelling, and has apparently

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hastened the rupture of the abscess. Six cases have been thus far so treated by me.

Conclusions.

1. The tincture of iodine is the most powerful antiphlogistic in inflammations of the throat.

2. Its action is very rapid, relief being often experienced within five minutes.

3. It has relieved the intense inflammation completely, when all other throat remedies had absolutely failed to benefit.

4. Its use in sixty-eight cases of acute amygdalitis has been followed by marked benefit in every case.

5. The method of application is simple. —Dr. Samuel Floersheim *in N. Y. Medical Journal.*

[We have had the gratifying pleasure of testing this treatment, and are glad to report that it has been eminently satisfactory in most of the cases in which it has been employed.—Ed].

The Klebs-Loeffler Bacillus.

The summary and conclusions of Rupp's article are in substance as follows: 1. Clinically there are two kinds of diphtheria as regards the Klebs-Loeffler bacillus, those where the bacilli are present and those where they are absent. Both forms have the same clinical history and complications and sequelæ, von Behring to the contrary. 2. The character or quality of the Klebs-Loeffler bacillus in any case of diphtheria does not affect its prognosis. 3. Klebs-Loeffler bacillary diphtheria may be so mild as to simulate tonsillitis, and yet the most virulent bacilli be present. 4. The virulent bacilli may be present in the throats of healthy people, doing no harm either to themselves or others. 5. The Klebs-Loeffler bacilli are found associated with other bacilli in other diseases than diphtheria, but fail to exert any appreciable influence on these diseases. 6. Klebs-Loeffler bacilli vary much in size and shape from the regular and artificially determined type and the amount and quality of their toxicity is not bound in any special or definite way to fit any particular typical or atypical form, if the most recent bacteriologic utterances on the subject be true. 7. The virulency of disease-promoting qualities of the Klebs-Loeffler bacillus can be determined only by experimental inoculation tests. The microscope can only differentiate their forms. Any opinion based on microscopic investigation alone is largely guesswork. 8. The ubiquity of the Klebs-Loeffler bacilli and their irregular and varying forms, besides the inconstancy of their toxic qualities in no way correlates with the clinical phenomena, making it impossible to grant them any primary specific etiological importance in the pathogenesis of clinical diphtherias. 9. The "necessary influenees" and the "favoring conditions," besides other factors unknown to us, enfold within themselves the secret of the real causes—not cause only—of clinical diphtherias. 10. The assumed etiologic and pathologic supremacy of the Klebs-Loeffler bacillus is largely, if not altogether, a synthetic demonstration, and although this is not altogether "a bridge of fancies," enthusiastic laboratory workers and their unquestioning followers are travelling over it unhampered by the odious uncertainties and difficulties that have been presented in this paper.—Dr. Adolph Rupp, in the *Med. Record—Jour. Am. Med. Ass'n.*

[We are glad to see this analysis of the value of the Klebs-Loeffler bacillus. It shows that the presence of these organs in an exudate is no guide to the virulence of an attack of diphtheria, nor is it proof positive that this condition really exists. We have known this microbe to be found in the mucus of the perfectly normal throat upon more than one instance, and have known it to be absent in others that had all the clinical evidence of diphtheria. We do not deny that it is a causative factor in the production of diphtheria, and that it may always produce this disease under favorable circumstances; such, for instance, as where the local epithelium has not the resisting power to overcome the bacillary influence. On this account,

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it is very important to keep the mucous membrane of the respiratory tract in as normal and vigorous a condition as possible, not alone to guard against diphtheria infection, but that of tuberculosis and other conditions as well.—ED.]

Mercury Bichloride in Scarlet Fever.

Dr. F. J. Rucavado (*Gaceta medica de Costa Rica*, September 15, 1901) relates that during an epidemic of scarlet fever, which lasted in Costa Rica for eight months, he has made use of the following method for limiting its spread. He causes the entire body of the patient to be subjected to friction with a 1 in 1,000 solution of corrosive sublimate from the time that the disease is first diagnosticated to a fortnight or more after the inception of convalescence. These may be warm or cold, and, as a general rule, it is found that desquamation either does not appear, or is very slight. The desquamating particles are removed little by little and disinfected by the frictions. These frictions also produce in the invalid that sense of well-being that the bath induces in those who have high temperatures. In addition to the frictions, the author has given the bichloride internally in relatively large doses, with the result of shortening the course of the disease and producing favorable modification and an appreciable diminution of complications.

The author asserts that scarlatina patients tolerate mercury bichloride admirably, and that although he has administered it in such large doses as an eighth of a grain every three hours, and even every hour in grave cases, he has never seen salivation ensue.

[While this treatment certainly seems to have some rational foundation, it clearly should not be tried without the greatest caution and most carefully feeling one's way.]—*N. Y. Med. Journ.*

Dear Dr. Taylor:—I get more real benefit from Medical Council than from any other journal. Would not think of dropping it.

Fraternally,

Uniontown, Pa. J. F. DETWEILER, M. D.

Muscular Atony in Uterine Displacements.

The importance of this element in uterine displacements is insisted upon by Coe, who offers the following deductions for discussion: 1. Muscular atony is an important factor in the causation of uterine displacements, either alone or associated with the usual factors, overweight of the uterus and weakening of its ligaments and the pelvic floor. 2. Mere restoration of the organ to its normal position with regard to the axes of the pelvis is not sufficient to cause permanent relief of symptoms, provided additional support is not afforded by firm pelvic and abdominal muscles. 3. The prognosis as to the cure of malpositions by operations is influenced by the general muscular tone of the individual. 4. Hence it should be the aim of the physician to endeavor to restore such a healthy condition of the muscles, either before or after operation, by appropriate treatment—baths, massage, electricity, gymnastic movements, out-of-door exercise, tonics, and such regulation of the patient's dress and mode of life as seems best fitted to the individual case. In short, the work of the physician often begins where that of the surgeon ends, if the result is to be complete and permanent.—Dr. HENRY C. COE, in *New York Med. Jour.—Jour. Am. Med. Assoc.*

[These deductions by Dr. Coe, are logical and practical, as his generally are. We believe that operations for replacement of the misplaced uterus are usually without effect, except for a short time, and seldom, if ever, justify the concomitant risk to the patient. It is largely, in fact mainly, a question of tone, principally muscular. The best local treatments are, unquestionably, massage and electricity, to which may be added local depletories, as suppositories or tablets placed in the vagina for the purpose of unloading the gorged bloodvessels if the parts are congested. Of all the conditions afflicting woman, there is none so much in

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need of the use of common sense in their treatment as are displacements of the womb. In a nervous woman, it is necessary to take her mind off her local trouble by encouraging her to do those things which she is convinced she cannot do. —Ed.]

Advantages of a Trace of Albumin.

Osler emphasizes the importance of basing a judgment less on the urine than on the general condition of the patient, and states that although a trace of albumin and a few tube casts are danger signals, they may be considered advantageous when their discovery causes the patient to restrict his appetite and start to live a rational life. Albuminuria is by no means infrequent in men in the fifth and sixth decades. It is probably the expression of presenile changes in the kidneys, the result of arterial degeneration, and is often a renal inadequacy not of vital importance. The points on which one should lay special stress as indicative of serious disease are: (1) Persistent low specific gravity of the urine; (2) the state of the heart and arteries; marked sclerosis of the peripheral arteries, with the apex-beat of the heart outside the nipple line, and a ringing, highly accentuated aortic second sound; (3) the presence of albuminuric retinitis; to reach a decision two conditions have to be carefully differentiated: (1) A primary arteriosclerosis, manifested sometimes early and common in men who live at a high tension, and who eat and drink a great deal; the renal changes are secondary and are expressed by a transitory albuminuria, a not very low specific gravity of the urine, which is not in very large amount; (2) the granular, contracted kidneys; these cases, less common than the arteriosclerotic variety, are met with in young persons consecutive to infectious disorders, in gouty individuals and in others with prematurely aged and fibroid kidneys. The cardiovascular changes are much the same as in the arteriosclerotic group; uremic symptoms are more frequent, persistent headache is a notable feature and retinal changes are very much more common.—*N. Y. Med. Jour.—Amer. Med.*

Vaccination and Small-pox.

To anyone who has studied medical literature with unbiased mind, the objections of the anti-vaccinationists must be regarded as either untruthful or silly.

The greatly diminished incidence of small-pox has been explained as due to increased sanitary knowledge among the masses. Analysis of facts do not bear this statement out. In the case of cholera, typhoid fever and typhus, sanitation has done great work as a preventive factor. But not one of these diseases is analogous to small-pox in its mode of spread. Rather we should compare the spread of small-pox with scarlatina, measles and whooping-cough. Increased sanitary advantages should lessen the incidence of all these diseases equally. We find, however, that small-pox mortality has declined 72 per cent., measles 9 per cent., and whooping-cough but a little more than 1 per cent.

Again, what better evidence do we want than the immunity of physicians, nurses and others in small-pox hospitals? Do we find the same classes possessing an equal degree of immunity against the other infections? A study of statistics shows the deaths of medical men from small-pox to be 13 per million, as against 73 per million of the general population; whereas in scarlet fever, against which doctors have no special protection, there is the remarkable fact that 56 medical men per million die from this cause, as against 19 per million of the public.—*The Hahnemannian Monthly.*

Pavlov's Experiences with Dogs Repeated on Man.

(Schuele *in Deutsche Archiv f. Klin. Med.* (Leipsic) lxxi., 1 to 8.)

Pavlov found that dogs secreted gastric juice at the mere sight of appetizing food. Schuele has been repeating his tests on the human subject, siphoning out the

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stomach-contents at various times during the day. He found that this psychic secretion of gastric juice, Pavlov's "appetit saft," does not occur in man. Human beings are trained from childhood to repress greediness, and Schuele found it impossible to induce this psychic secretion at the sight of tempting food. He found, on the other hand, that the glands in the stomach are stimulated to secretion by reflex action from the food in the mouth, by the purely chemical action of certain substances, by their agreeable taste, and lastly, by the action of mastication alone, even when articles were masticated which were not swallowed. His tests also demonstrated that it was impossible to elicit the secretion of gastric juice by mechanical irritation of the stomach-walls with the sound or other instrument, similar to Pavlov's experiences with dogs.—*Jour. Am. Med. Assn.*

How to Read in Bed.

As there has been such a universal protest from the profession against the comfortable practice of reading while lying down, we take great pleasure in presenting the following article, contributed by the well-known and talented Dr. Carl Seiler, to the Scranton, Pa., *Tribune*.

"There is no valid reason to be urged against using the eyes in a proper manner in a recumbent position; such use is the least tiresome, and can be persisted in for longer periods without damage than any other position. We all know that grave damage is often done by reading in a recumbent posture, but therein, possibly, some oculists are at fault. Had it been the universal practice during the past twenty or thirty years to give careful directions how to read lying down instead of saying to one and all, 'You must not read lying down,' there would be less near-sight and better eyes in the community than now exist.

Three easily avoided errors cause all the damage possible from reading lying down, the first often leading to the other two. They are insufficient or wrongly directed light, short reading distance, and tipping the book out of a plane at right angles to the line of vision.

Cause of the Mischief.

People frequently lie down to read at a distance from a good light; often the light is not only poor, but in such a direction that it is impossible to hold the book properly and illuminate it at all. Sometimes the light is in front, which always throws the print in shadow, necessitating a close reading distance, which is likely to produce cramping of the ciliary muscles, congestion of all the internal structures of the eyes, and permanent progressive near-sight. Or, in order to secure even fair light, it is necessary to tip the book so that all the ocular muscles are over-worked and eye-fatigue soon supervenes.

If, however, every one reading lying down will so arrange his lounge or bed that the light comes over the head without striking the eyes, and falls well upon the page; if he will hold his book at a long reading distance, and take care that the line of letters shall be at right angles to the line of vision, all of which may require a book-rest, he can be sure of doing his eyes no more harm than if he were sitting up.

More than this, there is much positively in favor of reading lying down. The recumbent posture allows more rest of all the bodily structures than the sitting posture, and there is greater possibility of resting and repair in that position. Those who have tried it know the benefits accruing, after a hard day's work, from the rest possible when doing a long night of reading, which the press of business makes almost an absolute necessity.

Why Read in Bed.

One more fact is to the credit side of the score. Whenever possible we bring gravity into play to relieve congestion, especially that of a passive type. It has long been recognized that throwing the head slightly back beyond the perpendicular brings gravity into play to empty the veins which are principally over-filled by prolonged eye-work, but why this is not carried to its logical conclusion is a mystery. It is plain that placing the

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head back in a horizontal position so absolutely meets the whole problem of a relief of congestion by gravity—and it is such a very important problem—that it seems strange that people with weak eyes do not habitually practice reading in a recumbent position, with the head raised only so much as is necessary to make the position perfectly comfortable.

Such advice, carried out with absolute care as to light and the position of the book, would in the case of a thousand busy people add largely to the number of hours which reading could be indulged in without detriment to the eyes or general health."

Intra-Uterine Injections.

Kohn (quoted in *Der Frauenarzt*, July 19, 1901) treated eighty-three cases of endometritis, salpingitis, salpingo-ovaritis, etc., by injections made up of equal parts of iodine tincture and alcohol, to which was added a 5 per cent. solution of alumnol. If these injections caused much pain either about the uterus or in the region of the kidneys, the patients were given either suppositories of morphine, or above the stomach a few drops of tincture of iodine. Each patient was given eighteen to twenty injections. It was noted that after the first treatment the pain disappeared, defecation and urination became less distressing, and the swelling about the uterus diminished and was less tender. The uterine secretion also grew less, and was more serous, while the affection of the tubes rapidly diminished. More than half of the cases were completely cured, and the rest were distinctly bettered. The best results were obtained in eight cases of chronic inflammation of the mucous membrane and parenchyma of the uterus, in fifteen cases of inguinal endometritis, and in twenty-seven cases of chronic subacute perimetritis. These favorable results are attributed to the destruction of the uterine mucous membrane, accomplished by the action of the tincture of iodine. Although 900 injections in all were given, no alarming symptoms developed in a single case.—*Therap. Gaz.*

Colds.

Dr. Charles H. Shepard, writing in the *Journal of the American Medical Association* on the subject of colds, makes the assertion that the practice of administering quinine to break up a cold is to be condemned, because it debilitates the nervous system and weakens the action of the heart. The same may be said of any alcoholic medicament, because the nervous system is first irritated and afterwards depressed by its use. To make a radical cure of a cold let the patient abstain entirely from food for at least twenty-four hours; should the bowels be at all inactive, it is desirable that they be thoroughly flushed with warm water. Drink freely of pure water, taking a brisk walk in the open air and then a Turkish bath. This may well be followed by an oil rub, which mollifies the skin, making it more flexible and active.—*Cleveland Journal of Medicine.*

Constipation in Infants.

For constipation in infants and small children, cathartics ought not to be given. Instead, let a small quantity of glycerine—a half-teaspoonful—to which has been added a few drops of water to make it flow, be injected into the rectum by means of a small hard-rubber syringe. This may be repeated every day when the act of evacuation does not take place naturally. The effect of the glycerine is that of a mild stimulant to the rectum, the result of which is expulsion of its contents. No harm can come of this treatment, while much damage does come from the use of cathartics.—*American Medical Journal.*

For a Mouth Wash.

The *Dental Cosmos.*

Tincture of calendula	1½ ounces
Carbolic acid	40 grains
Water, enough to make . . .	8 ounces.—M.

Dr. J. J. Taylor:

Dear Doctor—I have been using your Pocket Account Book for two years and like it very much.

North Branch, N. J. H. V. Davis, M. D.

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Eggs in Therapeutics.

L. Normand (*Union Pharmaceutique*, November, 1901) gives a series of formulæ in which eggs may be employed therapeutically:

The most common preparation, known domestically as "chicken's milk" (*lait de poule*) is made as follows:

Yolk of	1 egg
Hot water	6 ounces
Sugar	5 drachms.—M.

Mix and flavor with orange flower water, 2 drachms.

Restorative Preparations.

The "Restorative Mixture" of Lewis:

Cream	6 ounces
Yolk of	2 eggs
Sugar	7 drachms
Cinnamon water	11 drachms.—M.

Guibort's formula for "Syrup of Eggs":

Eggs	10
Water	1¼ ounces.

Beat up and add

Sea salt	½ ounce
Orange flower water	6 drachms
Sugar	9 ounces

A restorative tea:

Yolks of	3 eggs
Cloves	14 drachms
Sugar	30 grains
Water	8 drachms
Brandy	23 ounces.—M.

—*N. Y. Med. Journal.*

For Offensive Breath.

The *Dental Cosmos.*

Solution of chlorinated soda	1 drachm
Peppermint water	6 ounces.—M.

To be used as a gargle.

Sodium Sulphate as a Hemostatic in Typhoid.

Mossé (*Giornale Internazionale delle Scienze Mediche*; *Treatment*, November, 1901) extols the use of sodium sulphate in doses of one grain and a half every hour in a little water, in the intestinal hemorrhages of typhoid. A case is recorded in which a man was compelled to go to bed owing to fever and severe abdominal pain, followed by a large loss of blood. Sodium sulphate was at once given in small doses in a little water, and after the second day's treatment no more blood was passed. The diagnosis of typhoid was subsequently confirmed by the Widal test.—*N. Y. Med. Journ.*

Pitfalls of Medical Practice.

The errors of physicians, undoubtedly are many, but the one most flagrant and common is neglect of business methods. An easy-going medical man will allow a patient to run a bill for a year or two, until it assumes formidable proportions; and the latter, fearing to be asked for it, will call in another, and intimate to friends, who inquire why the change was made, that the former physician was in some way at fault.—*Medical News.*

Erysipelas.

Wash with ether to remove grease, apply gauze, and on this a thick poultice of sodium sulphate wet with cold distilled water. The salts acts by excluding oxygen. Ice water is applied to prevent multiplication of germs. Six to eight hours is required to effect a cure.—CURTIS, in *Medical Record.*

To THE MEDICAL COUNCIL.

I would like someone with practical experience to give the best and simplest method of staining the gonococcus for examination. D. G., M. D.

J. J. TAYLOR, M. D:

Dear Doctor—During the year now near its close, I have read THE MEDICAL COUNCIL and have found it always *facile princeps* of the monthly medical journals.

In all the commendatory remarks concerning THE MEDICAL COUNCIL coming from my confrerès, I have not noted any allusion to the excellence of its paper and printing. Let me then here give you thanks for the chaste clearness of the lettering. It is a pleasure to read, not only because of the stimulating and energizing matter contained in its columns, but also because of the ease with which the eye understandingly mirrors its contents.

I remain yours truly,

J. L. DEWOLFE, M. D.

Paspebiac, P. Q., Canada.

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New Ideas.

To THE MEDICAL COUNCIL:

In eighteen years I have used a number of different books, and tried various schemes for keeping accounts, so as to have them legal, but for simplicity and meeting all legal requirements your Physician's Pocket Account Book beats them all.

Mount Pleasant, Pa. J. W. SHELAR, M. D.

Birds as Surgeons.

Certain birds are said to possess a wonderful knowledge of the principles of surgery. The woodcock, the partridge, and some others are, we are told, able to dress their wounds with considerable skill. A French naturalist says that, on several occasions, he has killed woodcock that were, when shot, convalescing from wounds previously received. "In every instance he found the old injury neatly dressed with down plucked from the stem of feathers and skillfully arranged over the wound, evidently by the long beak of the bird. In some cases a solid plaster was thus formed, and in others ligatures had been applied to wounded or broken limbs."—*Montreal Herald.*

Nucleus of Pearls.

The origin of pearls has been a subject of much speculation. About 150 years ago Filippi of Turin announced that a living organism forms the nucleus; and in a recent investigation by M. Raphael Dubois, a French naturalist, has shown that all pearls found in a common pearl-bearing mollusk are cysts inclosing distomes, small marine worms. In the month of August, when few pearls are obtained, the tiny young distomes, a fiftieth of an inch in diameter, are to be seen instead as reddish-yellow points. These become gradually coated with carbonate of lime, in an early stage appearing as black specks, and later as brilliant pearls, which remain until the following summer, when they drop to pieces and the parasite resumes activity and reproduces its kind. But if the parasite dies the crust continues to grow, a large and beautiful pearl being but the sarcophagus of a long-dead worm. Just how nearly universal this cause of the formation of pearls may be does not appear, but experiments with fresh-water pearls show an egg as nucleus.

When You Go to New York City

You will want a first-class place to stop and make your home while there. The best in the city is the Broadway Central Hotel. For a fine Illustrated Map of the City and Guide to its multitude of institutions and attractions, address Mr. Frost, manager Broadway Central Hotel, 3d St. and Broadway, New York. Mention MEDICAL COUNCIL.

In a paper "The Symptomatic Treatment of Tuberculosis," by Dr. Karl von Ruck, published in *The Journal of Tuberculosis*, Asheville, N. C., January, 1902, the author, under the caption "The Treatment of Pneumonia Complicating Phthisis," says:

"Until several years ago, I had much faith in the administration of one or two full doses of quinine (10 to 15 grs.) and while I still believe its use to be valuable, I have for the present abandoned it in favor of full doses of Creosotal, which has appeared to have a decided influence in diminishing the ordinary duration and in bringing about resolution of the pneumonic process. My experience extends now over upward of twenty cases, in none of which the pneumonic area progressed to caseation, as is so apt to be the case in pneumonias complicating pulmonary tuberculosis, especially if the inflammatory area is already the seat of tubercle. This may be, of course, a fortunate coincidence, and I would still consider it so were it not for the favorable results reported by various clinical writers in other forms of pneumonic inflammation."

In the same paper, under the heading "The Treatment of Hemorrhage," Dr. von Ruck again recommends Creosotal:

"Although the benefit from expectorants is not susceptible of proof, I can say that I have seen fewer pneumonias since using them after severe hemorrhages than I did before, and if the favorable reports and my own favorable experience of the action of Creosotal (Carbonate of Creosote) or Carbonate of Guaiacol in the treatment of pneumonia is further confirmed, we may hope that their administration for the first three or four days in the cases under consideration may still further reduce the frequency of this serious sequela to hemorrhage."

New Instruments---The "Norwich Antiseptic Thermometer Case."

This carries the thermometer immersed in an antiseptic solution and at the same time always available for use; is of convenient size and shape for vest pocket; will not leak or become broken in use; renders your thermometer sterile and *keeps it so.* It is, in effect, a pocket sterililizer; easy, automatic, and positive in its action. You simply return the thermometer to the case after use and it does the rest.

The illustration gives a fair idea of the simplicity of its construction. It measures, complete, about 5 inches in length and ⅝ inch in diameter. The lower part, which holds the antiseptic solution, is a tube made of heavy glass of best quality, especially annealed to withstand hard knocks. The mouth of this tube is closed by a diaphragm, so constructed as to admit the insertion of the thermometer into the antiseptic solution. A simple but effective device makes a water tight closure and prevents leakage.

The neck of this glass tube is reinforced by a band of hard rubber, to which is attached a chain, provided with a pin for fastening the case securely to the vest. The thermometer is securely fastened into a hard-rubber cap, which screws into the neck-band, making the apparatus complete.

For further particulars, address Norwich Pharmacal Co., Dept. C, Norwich, N. Y.

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THE

Medical Council

A MONTHLY JOURNAL FOR THE PHYSICIAN AND SURGEON.

"WE FIND WISDOM AND STRENGTH IN COUNCIL."

J. J. TAYLOR, M. D., Editor and Publisher. | PHILADELPHIA, PA. | A. H. P. LEUF, M. D., Associate Editor.

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Address all communications and make all funds payable to Medical Council, Twelfth and Walnut Streets, Philadelphia, Pa., U. S. A.

Malignant Growths of the Surface. Their Sure and Easy Cure.

We feel it our duty to prominently call attention to the phenomenal efficacy of the X-ray treatment of all forms of malignant growths of the surface of the body. Thus lupus and rodent ulcers of many years' standing, that have failed to respond successfully to every known form of treatment, are promptly cured by a number of exposures to the X-rays. The same applies superficial to cancers of all kinds, and to many cases of chronic eczema.

The treatment consists in simply exposing the affected surface to the X-ray influence for periods of about ten minutes at, say, five-day intervals, a sufficient number of times to cause their disappearance, and cicatrization of the remaining surface. The distance from the tube should be from about eight to twelve inches. The parts not affected should be protected from the X-ray influence by lead or tin foil, which, for convenience sake, can be previously fastened to paper or cardboard having in it an opening corresponding in size and shape to the affected area to which the ray influence is to be applied.

Another point important to remember, is that the kind of current that is best for X-ray views or pictures is the poorest for the treatment of these conditions. The current required for views and pictures is of the very highest tension variety; an interrupted current of such rapidity that it is practically continuous is the best for views and pictures. On the other hand, the current used for malignant growths should be of the opposite kind. The former requires a highly exhausted tube, known as a hard tube, while the latter requires a less perfect vacuum tube, and is called soft. This is because the X-ray influence acts upon the tissues by a species of induction, the influence of which extends farther from a soft, low vacuum, tube than it does from a hard, or high, vacuum tube. Many of the failures, in all probability, of the treatment of malignant growths by X-rays, are due to the use of too-high tension current with a too-high vacuum, or hard, tube. It is important, therefore, to bear in mind that the current tension in the treatment of malignant growths by X-rays should be low, and the tube have a relatively low vacuum. From this it follows that a tube and current best qualified for X-ray pictures and views is insufficient for the treatment of malignant growths, and *vice versa.*

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Surgical Treatment of Mitral Stenosis.

The *New York Medical Journal* is authority for the statement that T. Lauder Brunton, in the *Lancet* of February 8, 1902, proposes to treat nitral stenosis by intra-cardiac section of the mitral valves. The editor of the *New York Medical Journal*, or rather the writer of the editorial that refers to Brunton's suggestion, declares that he views this proposition with bated breath, but we see no reason why he should, or why the practicability of this procedure should not have been admitted long ago. It was suggested by Dr. Leuf eighteen or nineteen years ago, and publicly so in 1884–85, and announced in his paper "A Peculiar Form of Pulmonary Congestion," etc., in the January, 1885, number of the *Am. Jour. of the Medical Sciences*. At that time Westbrook's proposition to enter the right cavity of the heart with a hollow needle, for the purpose of abstracting enough blood to relieve this dilated cavity and its enlarged orifice from the paralyzing effects of overdistention, was generally received with much disfavor by the profession, though there were some who could see its lack of danger. Leuf also claimed, at that time, that the heart could be sutured for wounds of its substance, and predicted that there would be cases of this kind before the lapse of many years. Time has proven this claim to be correct, and we venture the same prediction in regard to Lauder Brunton's suggestion, at the same time calling attention to the fact that it is much belated, though it may grow effective in this more ad-advanced period of surgical procedures, and coming from so high a source. Westbrook's operation of cardicentesis was proven by him, and subsequently by others, not to be the death-dealing procedure that so many had feared. Cases were reported of individuals who had carried large needles or pins in their heart and chest, and of others who had had the heart punctured by hollow needles, with the entailed withdrawal of some blood, and all without danger to life or health.

A Study of Snake Venom.

In a study of serpent venom, by Dr. Joseph McFarland, of Philadelphia, in the *Phila. Med. Jour.*, we gather the following points:

The poisonous property is not due to any bacillus or other living organism, nor to any alkaloid or hypothetic "cobric acid."

It is due solely to the proteid constituents of the venom, consisting of globulin, albumins, and peptones.

As to its physiological effects, it renders the blood incoagulable, allowing the blood to escape into the tissues, causing edema, darkening of the parts by infiltration of blood, breaking down of tissues, putrefaction and sloughing. It causes more rapid necrotic changes than any other known organic substance. A natural result of the disorganization of the blood—the natural defender—is found in the lessened local immunity to bacterial invasion; the affected tissues are rapidly invaded by colonies of various pathogenic bacteria.

The best chemic antidotes are permanganate of potassium and chromic acid. They should be used in 1 per cent. solution, applied to the wound and injected into the surrounding tissues. Chloride of iron, in solution or tincture, is also a good local antidote.

We would add that the best systemic remedies are strychnine and ammonium.

The season for intestinal disorders and other hot-weather diseases is fast approaching. We desire brief, practical, pointed articles upon their causes, prevention, management and treatment. Articles of personal experience, not of compilation.

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Original Articles.

The following articles have been written exclusively to the editor and readers of this journal. Other journals republishing any of these articles will, as a matter of professional courtesy, kindly give credit as follows :—*Medical Council*, Philadelphia.

Urethral Stricture---Its Treatment.

By LESTER KELLER. M. D.,
Ironton, Ohio.

Stricture of the urethra may be described as a cicatricial band at some point, either the result of gonorrhea or traumatism, generally the former. A fall astride a fence may cause a rupture of the urethra and consequent stricture. I have seen two or three as the result of bicycle accidents.

There are cases reported that fail to give any history of trauma or disease, but they are comparatively rare. Most authorities tell us we never see a stricture in the prostate, rare in the membranous portion, but common in the bulb.

The most unsatisfactory to treat are those where the whole canal is surrounded by cicatricial tissue; in fact, the canal is one long stricture. It may have been a coincidence, but the only ones of this kind I have ever met have been in colored men with very large organs.

The most satisfactory to treat are the result of gonorrhea, that are in the anterior portion.

Strictures of trauma are, as a rule, more unyielding than from gonorrhea, the most obstinate kind of all being those of the meatus due to a sore; nothing short of a thorough meatotomy will cure them. A stricture caused by trauma usually supervenes shortly after the injury, while the one from gonorrhea may come on months, or even years, after a man supposes himself well of his clap.

Usually, a man finds himself unable to pass his water after drinking wine, and is told by the doctor when he passes a catheter that he has a stricture, that being his first notice. A man who has been a "rounder" gets married and "settles down," gets to drinking when away from home, and winds up in a bawdy house, is in a fine condition to learn that he has a stricture. You are generally called to him about 1 A. M., but he always pays.

If a stricture is of long standing, the bladder may become infected, the ureters may become dilated and the trouble extend to the kidney.

A stricture should have surgical attention as soon as discovered, but when the above condition exists there is no time for delay.

We must differentiate stricture from enlarged prostate, calculus, or tumor in the bladder, fracture of the pelvis with displacement, foreign body in urethra and periurethral abscess.

A systematic exploration of the urinary tract will usually clear up the diagnosis. Never fail to palpate the lower part of the abdomen for a distended bladder, when there is dribbling of urine.

If a man comes with a history of an obstinate clap extending over several months, with a reappearance of a gleety discharge after drinking alcoholics, a dribbling of urine after passing water in a small stream, you can look for stricture.

A crooked, forked or twisted stream, when not of diminished volume, has no significance as a diagnostic point.

Pain is not often present in an organic stricture, but when present may be of value as an indication of local inflammation.

Examination.

Place the patient on a table, cleanse the glans and meatus, inject 2 drams of 2 per cent. cocaine, milk it down the urethra and retain two minutes. Be very gentle with your patient, or you will never see him again after he leaves the first sitting.

Take a bulbous bougie of medium size and introduce it until you meet resistance. If none is met, take a larger size. If the resistance is great or you cannot pass, take a smaller size, until you can measure the size of the opening. When you get through, hunt for others farther back. Pass the largest olive-pointed flexible bougie you can easily into the bladder. Make a note of the location, number and size of the stricture or strictures (don't depend on the

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memory or you will regret it), and you have done enough exploring for one day.

If the meatus is very small, you may have to slit it before you can pass a sound. When cutting the meatus, always cut the floor instead of the roof.

If the strictures are so tight you cannot pass your smallest sound, try Bank's dilating filiform bougie—and a most useful instrument it is. Care, gentleness and patience will nearly always pass this, and with it the stricture can often be dilated until a small bougie can be inserted. Occasionally one is so tight that it is with much patience the smallest filiform guide is introduced, and if the bladder is full of water a small tunnel catheter is now worth its weight in gold.

Treatment.

If you have but one stricture and it is patulous enough to admit a small bougie, and yielding enough to dilate slightly without much pain, you may decide on dilatation as the proper course of treatment.

I usually commence with flexible olive-pointed dilating bougies, giving two sittings a week and increase the size one number each time. After reaching about 10, or 12, American scale, I commence with steel sounds, preferably, those with a slight taper.

The size to which you dilate can only be determined by the normal caliber of the urethra, etc., but, when once up to the desired size, passing the sound once a week, afterward once in two weeks, then once a month, is to be kept up for years. A common error is to stop too soon.

Urethrotomy.

When a stricture is in the penile portion of the urethra and can be dilated until the urethrotome can be admitted, its cutting is a comparatively easy and satisfactory operation.

First, flush the urethra thoroughly with a saturated solution of boric acid. Inject your cocaine solution and retain until well anesthetized.

Locate your stricture with a bulbous bougie, at the same time measuring its length. Mark your distance on the Otis urethrotome with a rubber band. Pass the urethrotome with the knife concealed just past the stricture. Turn the screw at the head of the instrument until the gauge shows that the urethra is dilated to the size of the bulb with which you measured. Steadying the instrument with one hand, withdraw the knife with the other until it has passed through the stricture. You can tell by your measurements and also by the peculiar feel of the knife in cicatricial tissue. Pass the knife back to its hidden position, dilate by again turning the screw, then bring forward the knife as before. Repeat until you have reached the desired size. When you withdraw the instrument, do not reverse the screw until the bars are entirely closed or you may engage the mucous membrane.

Pass your large bulb to see that there are no remaining bands to catch. If there are, cut them at this sitting. Then pass in a large steel sound. Finally, give the urethra a thorough flushing with boric acid solution.

The patient should now be put to bed and kept quiet for a week. If you have hemorrhage, which is rare, a compress and bandage will soon check it.

If you have preceded your operation with oil of gaultheria for a few doses, boiled all your instruments and solutions, flushed out the urethra well, being particularly careful of your asepsis, you will probably miss the chill of infection that sometimes follows.

The passing of steel sounds every third or fourth day after the operation for six or eight weeks is necessary. The frequency then can be lessened, but an occasional passing for years is sometimes required. Cocaine is necessary for the first few times, but a caution against too large doses is needed, as the granulating tissue absorbs it quite rapidly.

Give a somewhat guarded prognosis, for while you will probably cure the majority of them, some of them are quite prone to recur.

[In the next issue Dr. Keller's paper will treat of External Urethrotomy.—Ed.]

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A Case of Labor.

Presenting an Unusual Array of Complications.

By A. L. BLESH, M. D.,
Guthrie, O. T.

I was called to this case of labor in consultation. The attending physician had been in attendance about twenty-four hours.

Upon my arrival he informed me that he had been unable to reach a definite diagnosis of the presentation; that the pains were, and had been, very strong during this time, but, aside from effecting full dilatation, accomplished nothing in the way of expulsion. The waters had escaped several hours before.

The patient was a robust primipara, about twenty-one years of age. After a careful cleansing of the patient and my own person, an examination was made. This disclosed clearly but one thing, a shoulder presentation; but, beyond that, I could not ascertain what lay above. The finger, passing over the shoulder, came upon a boggy yielding mass which I could not diagnose by palpation. Fetal movements were very vigorous.

The patient was now anesthetized and brought crosswise of the bed, with buttocks well over the edge of the bed, and podalic version attempted. By careful, patient, persistent work this was accomplished in two hours.

Great difficulty was encountered after grasping the feet in accomplishing the turn; it was very difficult to turn the body over the large boggy mass previously mentioned. This finally accomplished, the body was easily and quickly delivered until the after-coming head came against the bony inlet. From this point progress was absolutely impossible. The resistance was firm and unyielding.

As the body came into view during its delivery, a large spina bifida was exposed. With this in view, a diagnosis of hydrocephalus became very reasonable.

Passing the finger over the perineum, the after-coming head could be easily palpated, feeling like a large bag of water. The separate cranial bones could be felt very distinctly.

The head was punctured by the finger applied through the pharynx, when the head instantly came away. The monstrosity was dead on delivery.

Chloroform was now withdrawn. The after-birth come easily, and was followed by a terrific gush of blood—the most formidable post-partum hemorrhage I have ever encountered.

The hand was instantly inserted into the uterus, the clots turned out, the hand partially withdrawn, the fundus lifted toward the pubes, and the cervix bent upon itself at sharp angle to control the hemorrhage until the gauze pack could be handed me.

The uterus was now packed full of sterilized gauze, a small piece of which was brought down to the vulva to facilitate removal.

The patient was pallid, pulse weak and thready, respirations sighing. Strychnine nitrat., gr. 1-20; morph. sulph., gr. ¼, were administered hypodermically.

Patient reacted well, and all hemorrhage was promptly checked by the packing. Ergotin was left to be given in 1-gr. doses every two hours.

The attending physician removed the packing in eighteen hours and irrigated the uterus with a creolin solution daily for a few days, and the patient made an uninterrupted recovery.

Points of Interest.

1. Shoulder presentation: correction in a dry retracted uterus in presence of a massive hydrocephalic head.
2. Spina bifida.
3. Hydrocephalus.
4. Post-partum hemorrhage of a very severe type.
5. Method of controlling post-partum hemorrhage with dry sterile gauze pack.

In a previous paper in THE COUNCIL, the writer referred to this method of controlling post-partum hemorrhage, and this case well demonstrates its usefulness.

The intelligent report of an interesting case in a reputable journal benefits all parties concerned; the readers gain the information; the writer is made a closer observer and student, and by his report is brought into closer relations with his fellow-physicians throughout the world.

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Disorders of the Sexual Function in Man.—Syphilis.

By A. H. P. LEUF, M. D.
Philadelphia.

[SEVENTEENTH PAPER.]

Syphilis (Continued).

General Invasion.

Before taking up the consideration of the general treatment of syphilis, it is advisable to consider its mode of general invasion of the entire body. The first step noticeable is a general enlargement of all the lymphatic glands, during which there is a characteristic rash while the glandular enlargement continues. The rash is inconstant and varies in severity and duration, consisting, at times, of only an evanescent rash, enduring a few hours, and having a great resemblance to measles, or lasting for six or eight weeks, or existing in any of the intermediate stages, as regards intensity, extent, and duration. At first the roseola disappears temporarily on pressure, but later on leaves a copper-colored spot, which eventually slowly fades away. The rash is then ushered in with the malaise, joint-ache, special pains, and pyrexia prodromal of all the exanthemata. This is the so-called syphilitic fever, which by some is attributed to other causes than the syphilis, and by some again to the specific infection. I believe that it is really a fever of the specific exanthem, but admit it to be a fair enough proposition to accept that this may be intensified by other extraneous causes.

Throat Involvement.

There is decided reddening of the entire throat at about the time of the general rash, though this may be antecedent or succedent. The throat involvement has been attributed to the fact that the tonsils are lymphatic bodies, and necessarily a part of the general glandular enlargement. The same is more or less true of the follicles of the throat, and their rich environment of lympathic vessels. The primarily syphilitic sore-throat is not painful unless ulcerated. The lympathic follicles of the entire intestinal tract and other portions of the body, wherever found, are similarly affected, but less is said about them, when dealing with this subject, because they are not ordinarily noticeable, being out of sight.

Papular Syphilide.

This is an eruption of papules, or pimples, variously distributed over the skin of the trunk and extremities, and quite commonly found about the edge of the hair, upon the forehead, and constituting what has been figuratively called the "venereal crown" (*corona venalis*). This eruption may last for months, and, from a bright reddish color, gradually fades to the characteristic copper-colored spot so peculiar to syphilis. There are so many modifications of the papular syphilide that it is not my object to go into them, and I shall, therefore, say nothing more upon the subject.

Syphilitic Alopecia.

The hair may fall out in patches, or over very extensive areas, during the period of the rash or soon afterwards. It is best explained as a trophic disturbance incident to the disease.

Mucous Patches.

The ordinary mucous patch is irregular in shape, very slightly raised above the adjacent mucous surface, and has a light grayish color. It may appear at any time during the secondary period of the disease, is highly contagious, and most often found in the mouth. It is during the existence of this patch that the syphilitic is dangerous to others by kissing. When a similar condition affects mucocutaneous margins, like the anus, or tender integument, such as is found upon the vulva, the scrotum, and the perineum, or upon the web of the fingers, they become thick, much elevated, even irregular, and often discharge an ill-smelling fluid.

Ocular Syphilis.

Syphilis is often partial to the eyes, which should be remembered so that irreparable injury may not result from oversight. The commonest affliction is an iritis, which occurs in over one-half

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the cases. One of the most essential things in the treatment of a syphilitic iritis is the use of sufficient belladonna internally, or atropine locally, to insure extreme pupillary dilatation, with the object of withdrawing the iris from possible contact with the lens, to which there is danger that it may grow fast.

Other Involvements.

Any of the viscera may be involved, and when this happens to be the nervous system, especially the brain, there is great danger of even a fatal outcome, unless the patient's stomach is able to withstand enormous doses of the iodid of potassium. The bones are also subject to the infections of syphilis, but more particularly in its tertiary forms.

Treatment.

The treatment of general systemic infection by syphilis may be roughly summarized by the naming of two drugs, mercury and the iodid of potassium. Other treatments are more or less subsidiary to these. It is also a characteristic of the disease that it yields more readily to mercurials in its earlier history, and responds better to the iodid of potassium in its latter period. Probably most patients do better during the intermediate period with these two combined or alternated. It is also a fact that there are many exceptions to this general statement. This must be remembered, and the rule departed from whenever this seems advisable.

Duration and Treatment of Infection.

Manifestly the question as to how long treatment should be continued, depends upon the natural limit of the disease, if there is one. Upon this question there is not universal agreement, but the growing tendency and weight of authority incline to the view that the disease will naturally run its course, so far as its infectiousness is concerned, in about three years, after which time, lesions, primarily or remotely due to syphilis, are no longer able to communicate it to others. It would appear useless, therefore, to continue specific treatment in most cases after three years from the time of its inception. This, so far as relates to the danger of the patient communicating the disease to others by contact. It does not follow, however, that such a patient, at the end of this time, is fit to marry, for it is possible to impress the taint upon offspring in the form of a defective organism. Besides this, the individual may also be suffering from the after-effects of the disease, though this itself may properly be said to have entirely disappeared. It is true that the iodid of potassium and mercury will work wonders long after the period of communicability has passed, but it may do so as an alterative rather than as a specific. This is, at least, what many claim, and with some show of reason.

Cerebral Syphilis.

Of all the acute manifestations of secondary syphilis, there is none that is more dangerous than that which sometimes affects the brain. Why this should be more especially so of this portion of the body than in any other, I do not know. But I do know that when syphilis once markedly invades the cerebrum, the patient's life may be in serious jeopardy at any time within forty-eight hours. Amenable as this disease is to treatment, it is sometimes not at all so in affections of the brain. I had a professional friend who became inoculated upon the finger-tip while operating upon a syphilitic. Among the secondary manifestations were symptoms of cerebral implication. They rapidly become worse, so that within forty-eight hours his life was in danger, and was finally lost at the end of about five days, despite every effort made by the most competent special and general therapeutists in New York and Brooklyn who were called to his bedside. I knew of another case, that of a young woman of about 27 years of age, infected by her husband, who became rapidly worse within thirty-six hours after the onset of cerebral symptoms, and who died within less than forty-eight hours afterwards. Her physician, now also dead, in his time one of the best-posted men on the treatment of syphilis

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in the city of Brooklyn, at once declared, when he saw this patient, that her life depended upon the ability of her stomach to retain and absorb enormous quantities of the iodid of potassium, failing in which, she must inevitably die. She promptly, from the very outset, rejected even 15-grain doses of the drug, and met with the predicted fatal termination within the brief period already stated.

Tertiary Syphilis.

The greatest danger to the nervous system, however, is in the tertiary manifestation of the disease. The principal mode of action of syphilis is through gummatous growths, which consist in rapidly-accumulated cell-masses, due to active proliferation. These cell-groupings are apt to be small and diffuse in the secondary stage of the disease, while in the tertiary forms they are aggregated into larger clumps, forming, at times, even respectable-sized tumors. It is the diffuse gumma of the brain in secondary syphilis that is so rapidly fatal, and so difficult of successful treatment. The cell-accumulations may affect the vessel-walls, lessening their caliber by protrusion into their interior, or by compressing the vessel-walls from without, thus causing diminished blood-supply to the parts beyond to the extent, even, of absolute ischemia. Cell-accumulations within vessels may form large enough masses, and so loosely attached, as to be readily swept from their moorings by the blood-current, and carried on until arrested by a vessel having a caliber too narrow to admit of its further progress, resulting in the sudden development of symptoms of cerebral embolism, such as paralysis, unconsciousness, mucular twitchings, or areas of lost or modified sensation. Many of the neuralgias of syphilis are due to cell-proliferation of the nervous system, or in such proximity to it as to cause irritation of the nerve-trunk, with the referred pain to its area of distribution. The incurability of certain forms of tertiary syphilis, especially of the nervous system, is due to permanent changes in the tissues that cannot be remedied, and are only an incidental after-effect of the preceding active syphilitic process. There is reason to believe that many of the sudden severe manifestations of secondary syphilis are due to the toxic action of some organic poison, developed by the syphilitic process. On this account, it is extremely important to keep active all the emunctories of the body so as to assure free elimination.

Significance of Trigeminal Neuralgia.

A remarkable fact, long since observed, is that syphilis specially affects the fifth nerve. This is true to such an extent that one authority has gone so far as to say that neuralgia of the fifth nerve never occurs except as a syphilitic manifestation. On the other hand, there are only a few cases recorded of paralysis of the seventh nerve from syphilis. It is fair, therefore, in case of facial neuralgia, to suspect syphilis.

(To be continued.)

2353 N. 17th Street

[In this series of papers Dr. Leuf has considered the normal physiology of the sexual function, the various pathologic conditions, taking in order Spermatorrhea, Impotence, Prostatic Disorders, etc. Back numbers can be secured for the entire series.—Ed.]

Physiologic Therapeutics.

Or the Treatment of Diseases by other than Drug Methods.

By T. H. LINE, M. D.
Marquette, Neb.

In preparing an article upon a subject of this kind the writer labors under many difficulties, and, in fact, it is almost impossible to do justice to the subject in a short magazine article.

In the discussion of all questions, it is necessary to keep constantly in mind the fact that no general term can possibly mean the same to any two persons. Even when we attempt to define the terms we use, we are compelled to use terms of expression that may possibly have a special meaning to special minds. It is possible,

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however, to form centers of thought around which we can group our ideas and make the subject of more than passing notice to the average reader. In view of these facts, and the apathy of the medical profession, brought about by the disreputable methods of traveling fakirs, and the unreliability of the statements of the multiplicity of circulars and advertisements that are being spread broadcast throughout the country, claiming all sorts of things as a result of their teachings, it is not much wonder that it is hard to get the attention of the physician centered on these subjects.

So-Called Schools of Science.

There are many schools of hypnotism claiming to teach by mail the art of producing the hypnotic or sleep condition, that are selling a gullible public these secrets at the rate of five dollars a head. I have yet to see any course of this kind that differs from the fifty-cent or dollar books that are offered for sale in any book store; neither have I been able to find a person who was able to produce the hypnotic condition any quicker by taking these courses than the one who succeeds from a study of some twenty-five-cent book or more reliable book upon hypnotism. The student who wants to learn how to hypnotize must learn other things besides the method before he can hope to succeed. The study of all these courses will not teach you to hypnotize. You must learn it yourself from actual experience or experiment. There are a few of these so-called science schools that give you good advice, but when you come to look for some of the secrets they agree to give, you find they are as old as the hills. The same can be said of suggestive therapeutic schools. They give you good advice as far as they go, but when they come to tell you how to treat different diseases, their statements are very vague, and when we carefully consider everything it seems as if the course is sent out at our expense as an advertisement of the school or clinic the author presides over. He wants patients and in this way obtains many that no one could treat successfully from the meager treatment he gives. I have spent many dollars in a vain endeavor to find the secrets these schools claim to possess. I hold diplomas from schools of hypnotism, suggestion, magnetic healing, and osteopathy, and I believe I have finally succeeded in mastering the different systems, so that I could intelligently practice the healing art as well as the expert in either one of these lines. However, I still travel under the plain title M. D., and shall continue to do so, until, it may be, such time when I will want to move to some other State and a State Board of medical examiners says I am a back number and don't know enough to practice medicine in their State. Then, it may be, that in self-defence and in order to keep the wolf from the door, I may be compelled to lay aside my doctor's shingle, that maybe has been hanging out for a third or half a century, and hang out one with the words "magnetic healer" "osteopath" or the like on it. What a disgrace, what a travesty upon justice, in this enlightened country, "the home of the brave and the free," that a physician who was prepared in the best medical schools of his time and has spent a lifetime in the practice of one of the noblest of professions, if it *is* the most exacting, should be deprived of the means of earning a living for himself and family in old age. I believe in thorough preparation, but think when the student has satisfied a board of examiners of his qualifications once, that it should end with that for all time, so far as the domain of Uncle Sam is concerned.

Not Hypnotism, but Suggestion.

I do not believe that hypnotism, using the term as it generally is, to express a deep sleep or somnambulistic condition, has any place in therapeutics. Experience has proven it to be detrimental to health, and that those who are placed in this condition do not respond so readily to suggestive treatment as those who are not. The only excuse for its use is to be found in the treatment of incorrigible children or criminals, in whom the injury, if any, would be preferable to the criminal or incorrigible tendency. Frequently fairly good citizens can be made out of

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this class of people by suggestion when they are in the hypnotic condition.

There is a condition however, in which a person is neither asleep nor awake, in which experience has proven that he is most susceptible and will receive suggestions better than at any other time. This is when he is in a condition that we can best call on the borderland of sleep. But this is not all there is to the treatment of the sick by physiologic or other than drug therapeutics. Hypnotism is not to be considered at all, suggestion is not the only other way, neither is magnetic healing, vitapathy, faith cure, nor osteopathy. We may cull some good things from all of these methods of treatment, but when we come to the statement that they are the one and only cure, we must draw the line of protest. Suggestion should be understood by every physician, but if we expect him to benefit others by this means he must also be master of and properly understand and know how to apply every law of nature.

Natural Laws of Health.

When we came into this world we came into it free from disease, and it should be the ultimate object of every physician to prevent the development of any disease to which the young child may be predisposed. While the treatment of this child is by means of education, which is nothing else but suggestion, still it is along such lines as were laid down for the guidance of man many years before his advent into the world.

When God made man, and after he was satisfied that he was a perfect man, "He breathed into him the breath of life," so we are told in Holy Writ. This is the case with every human being that is born into this world; until he has the breath of life breathed into him, he is incapable of existing without the assistance of the mother; the moment the child is ushered into the world air enters the lungs, they are inflated and the child for the first time breathes. If the lungs are properly filled and the respirations are full, regular and easy and the lungs continue to perform their function perfectly, there will be no danger of disease or death. There is not a disease, unless it is accidental, but what is caused to a great extent by a weakened lung-power. Breathing is therefore the most important element in the life of man. It is not dependent upon suggestion, since the function will be properly performed if we leave it alone; but the methods of civilization tamper with it, and we bring suggestion to our aid in order to bring it back to normal.

So it is with all the laws of Nature—if we give them full rein they will do the work assigned to them perfectly; but cramp them a little and it needs a suggestion to overcome the habit that has been produced.

Magnetic healing, vitapathy, faith cures, magnetic osteopathy and osteopathy are simply methods of making suggestions. One does it by speaking, another by manipulation, another by deep massage, etcetera; but, no matter what form of gesticulation they go through with, the object is to make an impression on the mind and thus overcome the difficulty. But all these so-called healers are inconsistent in their claims. They claim that their treatment depends on certain things they do, but forget to give Nature credit for what she does, when they give their patient minute directions as to drinking, eating, sleeping, breathing, etcetera. If we made a close analysis of their methods we would no doubt find that they were simply replacing a board in the bridge of life which through carelessness had become misplaced.

Suggestion or Drugs Not Necessary.

It is not necessary to put a person in the suggestive condition in order to effect a cure in any disease that can be cured while in this condition. I have demonstrated to my own satisfaction that I can cure any disease that anybody else can without the suggestive condition or drugs. I do not make this statement to disparage the use of any of these methods. They are all useful and beneficial and I make use of them all in my practice.

Drug medication is becoming less and less used everyday. The reason is not because drugs are not useful, but because

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physicians as a rule have wandered away from the therapeutic effect of the drug by employing certain proprietary preparations under the impression that they are more palatable, and because the manufactured fluid extracts and tablets have become unreliable in their effect. Every drug has a specific effect and whenever the physician has found it, he has a valuable agent in his hands. The object of all methods of treatment should be to prevent, not to cure disease. The preventive treatment is not to be found in drugs or the mental sciences, but in the laws of Nature herself. He who keeps them inviolate will never be sick and will have enough surplus energy stored away in his body to resist the invasion of destructive germs. It is the object of this paper, as much as anything, to call attention to a few of these. As stated above, I believe a great majority of all diseases, acute or chronic, can be cured without a drop of medicine; still I would not let a patient suffer, if I had a drug that would relieve him and give him rest more quickly than other means.

Rest and Rational Exercise.

The one thing all physicians or healers aim to get is rest, absolute rest. It is this condition of relaxation and repose that the suggestive therapeutist and healers of all kinds bend their energies to enforce. The physician who places his faith in drugs aims to accomplish the same thing, no matter what may be the nature of the disease.

For a number of years I have been teaching my patients physical culture, or rather a physical exercise, designed for the improvement of their health. I do not refer to the physical culture exercises as taught in schools or the gymnasium, nor the more arduous exercises of the athlete, but a system that is not irksome nor fatiguing and one that can be practiced at home or anywhere, and without the use of any appliance other than those with which we are endowed by nature.

I found that these exercises were beneficial to my patients, so I went to work experimenting along the line of physiologic therapeutics in the treatment of different diseases without the use of drugs. I started my system, first, as a simple muscle-developer, in those just recovering from a spell of sickness, but gradually added to it new ideas obtained from the different methods of treatment in vogue among suggestive, magnetic and osteopathic practitioners until I believe I have a system of treatment that embodies everything that is contained in every other form of treatment, and one that does not sail under the cloak of secrecy. I believe I can handle the majority of diseases and many supposed incurable ones without the use of drugs, and still be able to make the process plain and rational to almost any person.

Disease Not Hereditary.

I do not believe that any disease is inherited, but I do believe that a predisposition to a disease is. For example, a child is born into this world free from disease, but may be predisposed, that is, susceptible to a certain disease, should the conditions become favorable for the development of that disease. It is reasonable to presume that the lungs of a child are not diseased before the child was born; that an organ never used until it was ushered into this world was not infected by tubercular deposits. In the first place, there is no means by which they could get there, and again there is no evidence in other parts of the child to show that they exist there; so we cannot see how any one can claim consumption to exist prior to birth, even though the mother has the disease. Before we have consumption we have weak lungs. This points out to us one error that perhaps many diagnosticians make when they diagnose consumption at birth. If the obstetrician who is present at the birth of the child does not see that the child inflates its lungs to their fullest capacity with pure air (not the infected atmosphere of the lying-in room), it is liable to soon have weak lungs and consequent consumption. But if he sees that it gets fresh air and is not kept in the bed and under the covers with the mother, he will see his predisposed child develop good stout healthy lungs. Better keep

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it away from the mother altogether, except when nursing.

Almost every disease originates from within and not from without the body. There are few indeed who learn to care for their bodies early enough in life to prevent the gradual development of chronic maladies. This is the case with consumption; little indiscretions produce stomach and bowel troubles, and little by little these troubles affect nutrition, which, in turn little by little weakens lung-power and loads the circulatory apparatus with poisonous substances, which gradually but surely tap the surplus energies of life and make the victim susceptible, and perhaps a victim of consumption.

The physical exercise of the child should be begun early in life and under the direction of a physician, especially if predisposed to consumption, or any other disease. The exercise should be adapted to the wants of the organ that is, or is liable to be, weakened, and it should be placed on a par or above that of the other organs of the body. An attempt is made to teach physiology and hygiene in our schools, but, in my opinion, it is a waste of time, because the teachers do not and cannot be expected to understand the proper line of treatment to follow, that must of necessity differ with each pupil; their instructions, therefore, utterly fail to protect the pupil against habits which in later years may destroy his life.

Health is the best inheritance we can receive, and yet it is the least understood. The vital forces within the organism are never at rest. If these forces harmonize with the plan of growth and repair, sickness is impossible. Seldom, however, does this coördination of forces exist in unison, some friction arising somewhere to throw it out of balance. Consumption, I believe, is a preventable disease if the patient is handled intelligently. I believe that the consumptive can be cured or the disease checked just as easily at his home as in some other locality, unless the atmosphere is filled with foreign substances at all hours of the day and night. All they need is plenty of good, fresh and pure air and water and plenty of sleep and sunshine.

Example: Treatment of Constipation.

I cannot go into detail in the treatment of the many difficulties of the human family, but will give a sample of the treatment of a disease that many physicians still persist in drugging their patients for, when so simple and reliable a method as the one I shall give is at their command. I refer to constipation; barring tumors or outside pressure of any-kind, the treatment I follow will effect a cure in every case.

If the patient comes to me with a history of having had no stool for four or five days, I generally order an ounce of castor oil to be given by the mouth at once and in an hour or two followed by an enema of hot water and soapsuds, or preferably a quart or more of hot water and a teaspoonful of glycerine. This injection should be forced up to the cecum, if possible. But if the history is only of a day or two of no stools, I give the following treatment, which is the same that will follow the castor oil and injection above alluded to.

First, I order the patient to drink a glass of water, from four to eight ounces, as soon as he wakes up in the morning. Then he practices deep breathing for ten minutes and drinks another glass of cold water, follows it with five minutes more of deep breathing, after which, if he can, he drinks another glass of water, the object being to get a pint of water in the stomach before he gets in the upright position; after drinking the third glass of water, he rests on his back for a few minutes, then turns on his right side for a few minutes more, then to his left side, where he remains for five minutes until he arises. When he has arisen and before he dresses himself, he rubs a cloth wrung out of ice water over his abdomen once, or takes a cold shower-bath, dresses himself and takes an hour's exercise before he eats his breakfast. Some patients think they must have medicine, so, in order to stimulate an appetite for water, I dissolve one or two teaspoonsful of common table salt in a glass of water, and order a teaspoonful every hour during the day, at the same time the patient is given

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to understand that he must take a glass of water every hour, not all at one time, but in about four doses. One hour before each meal a glass of water is drank at one time. No water is to be taken after six o'clock in the evening, but a glass or two of buttermilk may be. The patient should not eat for one hour after taking the water, and for those who only have one hour at noon, I divide it off into three parts as follows: fifteen minutes' rest after quitting work, thirty minutes consumed in eating (no less) and fifteen minutes' rest after taking the meal. One hour should be consumed at each meal when possible, and in company.

This constitutes the treatment, and an analysis of the method will show that it contains the essence of all other treatments. The salt, after a time, can be dispensed with, but at no time should the patient consume less than two quarts of water per day. The dose of oil may seem large to some, but my experience does not say so; the object is to clean the *debris* out of the stomach and keep it clean by washing it out before every meal and at the same time liquefy the contents of the intestines, thus favoring their expulsion and stimulating the vermicular motion so necessary to the normal performance of this necessary function of man.

Tetanus and Its Treatment.[1]

By D. R. KUNKLELMAN, A. M., M. D.

A year or two ago the serum for the treatment of tetanus was first put on the market for this country, although it had been tried in Europe some little time before. With this, as with other serums, progress was slow, for no matter how much evidence was produced in favor of this scientific way of treating disease, there were still some doubting Thomases.

It was my good fortune, at that time, to see several cases of tetanus at the Maryland General Hospital, at Baltimore. Doctor Blake made a report of seven cases treated at that institution, alone, at the meeting of the American Medical Association held in Atlantic City in 1900.

[1] Read before the Mercer County (Pa.) Medical Society, January, 1902.

I had one of these patients to dress after the doctor had operated and opened up the wound. The injury was caused by an old nail piercing the skin and muscle about halfway between the knee and the hip, and extended to the bone. The wound was opened, flushed, and packed with iodoform gauze, under the most rigid antisepsis. The patient's jaws were rigid and set, so that it was necessary to extract a tooth in order that nourishment might be given. Parke, Davis & Co.'s Antitetanic Serum was administered, and the wound was flushed out twice a day, first with potassium permanganate solution, and then with hydrogen dioxide and water, equal parts. The patient made a rapid recovery.

I have since had a case which has made me think that drainage and the antiseptic treatment are of the greatest importance. A few weeks ago I was called to see a woman who had run a needle in the side of her foot, three days before. As the needle had been extracted almost immediately, nothing more was thought of the occurrence until Sunday evening, when I was called. I found the whole foot swollen and blue, the patient's teeth were set and she complained of pain in the back and occipital headache. I lanced the foot and dressed it that night; on the next day I tried to obtain a supply of serum, and as there was none in town I ordered some from Parke, Davis & Co., and in the meantime used the expectant treatment. In a few days the foot had regained its normal condition, except that it was blue and stiff and the toes could not be moved at all; the whole leg was stiff and there was sharp pain in the hip. On Wednesday I took another physician with me and, under ether, opened the wound, finding a sinus running up into the ankle-joint. I drained this with iodoform gauze for a few days, when the jaws relaxed, the pain left the leg, and the toes could be moved without the least trouble. A peculiar thing in this case was the irritable condition of the stomach, even when the patient was getting nothing but milk and bovinine.

Soon afterward some symptoms of the disease reappeared and, knowing the in-

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sidious nature of tetanus, and having received the Antitetanic Serum, I gave 10 c. c. of it. This was followed rapidly by an abatement of the symptoms. About a week later I found that my patient had an abscess caused by a diseased tooth, and was suffering neuralgic pains along the course of the fifth nerve; I painted iodine over the cheek and gave her a little aconite to rub on locally whenever the pain became very severe; I also gave a five-grain dose of salacin every two hours: since then I have heard nothing from the case. It seems to me to be an interesting question whether a purely local trouble caused the abscess, or whether it resulted from the tetanus.

Between the third and the eighth of December, 1890, Behring and Kitasato published[2] an article on the results of immunization in tetanus and diphtheria. The following note referring to the article[3] is of great interest in this connection: "The blood of tetanus-immunized rabbits possesses the property of destroying tetanus toxine. This is possessed by the extra-vascular blood and is the cell-free serum. The effect is so lasting that, by transfusing blood-serum, a therapeutic action can be exerted over other animals. This tetanus-destroying power is not possessed by the blood of animals that have not been immunized against tetanus. We see great possibilities for its use in the treatment of tetanus in human beings."

Tizzoni and Cantanni, in 1891, used blood-serum of dogs to afford protection to mice, and found they could stand large doses of the tetanus toxine. Kitasato also succeeded in saving animals after the symptoms of tetanus had set in. He found that antitetanic serum retains its antitoxin effect one week after removal, and that immunity lasts from forty to fifty days. Nocard reports that antitetanic serum is unfailing and absolutely effective; his report is based upon 2727 observations on the lower animals. Roux has shown that the toxine attacks the nerve-centers first, and thinks the serum should be injected directly into the brain. Clinical reports seem to show that this method of injection is a good one.

[2] No. 50 of the *Deutsche Medicinische Wochenschrift.*

[3] By editor of *Berlin Klin. Woch.*, Dec. 8, 1890.

A Few Things Worth Knowing.

By E. J. MARSH, M. D.
S. W. Oswego, N. Y.

That tinct. guaiac ʒj, aqua ʒiv. S.—Teaspoonful every hour, will abort tonsillitis.

That a reliable tincture of gelsemium in a single full dose—5 to 30 drops, according to age—will stop almost any case of vomiting.

That a well-fitting truss applied as for inguinal hernia will cure varicocele.

That fld. ext. nux vomica, gtt. x, aqua ʒiv. S.—Teaspoonful every two hours, will make almost any but a dead man long for food.

That pil. aloin comp. will cure recent cases of hemorrhoids, while ancient pile tumors succumb to carbolic acid and glycerine injected with the hypodermic syringe.

That "old soldiers" prefer a pension to any treatment for piles.

That "passiflora" is useless, except in the hands of the "suggestive therapeutist."

That all cases of enuresis in children not curable by drop doses of belladonna, repeated three times a day, will respond to fld. ext. nux in same doses.

That bromidia, more than any other medicine, relieves the various nervous phenomena at the menopause.

That viburnum opulus is a very certain remedy for "cramps" in the extremities.

That habitual cramps are a danger signal pointing to Bright's disease.

That if two or more of the above pointers happen to be unknown to the reader, he will find them worth many times the subscription price of THE COUNCIL.

Dr. J. J. Taylor, Editor, etc., Philadelphia.

My Dear Dr. Taylor:—I see in THE COUNCIL continuous improvement where I thought improvement hardly practicable. You deserve a long list of subscribers. Faithfully yours,

JNO. HERBERT CLAIBORNE, M. D.

Petersburg, Va.

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A Further Contribution to the Therapeutic Action of Fluoroformol (Aqua Fluoroformii).

By Dr. M. LOEWENTHAL,
Brooklyn, N. Y.

Since the publication of my first experiments with fluoroformol (Philadelphia MEDICAL COUNCIL, December, 1901), I have continued my investigations with this remedy, and also received reports from physicians who have given it a thorough test. I do not think it out of place here to once more give a *resume* concerning its therapeutic value, and to point out its especial usefulness in the various types of disease in which it is indicated. As mentioned in my previous paper, fluoroformol's usefulness was in those cases of a tubercular character with marked infiltration, but in those cases in which necrosis and cavity-formation had occurred it was useless. In tuberculosis of the lungs it exercised a curative effect, and, in cases of lupus, fluoroformol was especially useful.

The very accurate and interesting investigations made by Drs. Stepp, Tischer, and Beddies, led me to believe that a trial of fluoroformol might prove useful in a case of pulmonary phthisis; so, on December 15, 1900, the patient, William G., aged 37, who had consulted me for treatment, was placed upon the above drug.

When I saw the patient, he presented the appearance of a very sick man, anemic, and ill-nourished. Examination over the base of the right lung revealed dullness, bronchial breathing, increased vocal resonance, subcrepitant râles, showing signs of consolidation, with a tendency to soften. Had cough, night-sweats, and tubercle bacilli in the sputum. His treatment consisted of a nutritious diet and three drachms of fluoroformol every four hours. Two weeks later the patient had not improved. Fluoroformol was now administered in larger doses, one-half ounce three times daily. At the termination of another fortnight, the patient had progressed nicely, the pain and cough were lessened. Treatment continued, and patient progressing so famously that on April 15, 1901, I discharged the patient, after four months' treatment, in an excellent state of health, pulse and temperature normal, no lesions in the lungs, no accompanying symptoms of tubercular trouble. On December 21, 1901, a thorough examination revealed nothing abnormal, indicating his cure complete.

Last January (1901) Mr. George H. was treated for the same trouble as the preceding case. He also was placed upon fluoroformol until May 16th; when all his symptoms had disappeared, his general condition improved, I discharged him. On January 10, 1902, I gave him a thorough examination and could find no evidences of a tubercular trouble.

After I found that fluoroformol was so useful in phthisis, I employed it in other cases which Dr. Stepp spoke so highly of, especially tubercular arthritis, fistula, and lupus. In these cases my success was phenomenal; I had never been very sanguine, at the beginning of the treatment, that I would get any favorable results, but I was agreeably astonished and so pleased that I contributed my results to the medical profession in the paper above mentioned.

One of the pleasantest features connected with the administration of fluoroformol was its perfect toleration by the stomach; also its tastlessness; and, furthermore, it is not poisonous. I will now relate a few particularly interesting cases which have since come under my observation, in which fluoroformol was the principal factor in restoring the patients to health.

Case 1. Fanny C., aged 50, consulted me on May 27, 1901, complaining of a cough which she had first noticed about the 15th of April. The cough had gradually grown worse until she finally resolved to consult a physician and throw aside the many cough mixtures she had purchased in neighboring drug stores. On the above date I found the following symptoms: Appetite poor, has lost flesh, dullness and increased vocal fremitus over the apex of the left side, mucous râles, and bronchial breathing, expectoration muco-purulent, containing the tubercle

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bacilli; has no night sweats, coughs principally on arising in the morning after a very restless night; pulse, 105; temperature, 99.4°; respiration, 24; weight, 106 lbs. I immediately placed her upon a nourishing diet, impressed the importance of proper hygienic and sanitary conditions upon her, and prescribed fluoroformol in 3-drachm doses four times daily. June 15th, pulse, 100; temperature, 99°; respiration, 21; weight, 107½ lbs. (an increase of 1½ lbs. in nearly three weeks), physical condition of the lungs about the same. Expectoration not so profuse, but still contains numbers of tubercle bacilli; appetite a little improved, her cough not so severe in the morning as formerly, sleeps somewhat better. Advised her to continue the same treatment as heretofore and call in about the first of July. July 2d, she says she now sleeps undisturbedly all night, coughs very little on arising and during the day but once or twice, appetite very good; pulse, 90; temperature, 99°; respiration, 20; weight, 108 lbs. Examination of the chest showed improvement in the breathing, no pain on respiration; microsoopical examination of sputum revealed a slight number of bacilli. Treatment continued and also advised the emulsion of cod liver oil (33 1-3 per cent.) in ½-ounce doses three times daily. On July 31st, Mrs. C. called again, and I was gratified to learn that she was now feeling very well. Has not coughed for one week, appetite enormous, sleeps well at night, pain in the chest entirely disappeared; pulse, 85; temperature, 98.4°; respiration, 19; weight, 111 lbs. Examination of chest revealed nothing abnormal, sputum showing nothing alarming microscopically. Complains that the cod liver oil produces gastric distress; advised her to discontinue the latter, to try malt extract with hypophosphites instead, and to continue for one month longer fluoroformol in drachm doses. September 15th, patient discharged absolutely in good health, now weighs 112½ lbs., and is in excellent condition.

Case 2. Mr. Jacob T., 35 years of age, naturally weak and anemic, had overtaxed his mental powers, which resulted in complete prostration. I saw the patient first on June 10, 1901. His mother died of tuberculosis, and a brother from incipient phthisis; other members of the family enjoying good health. On June 8th, Mr. T. had a pulmonary hemorrhage, was delirious at night, and, when consciousness came around, he had a fear of immediate death. Examination of chest showed flattening under left clavicle, with prolonged and feeble respiration, no râles; pulse, 100; respiration, 28; temperature, 101°; weight, 109 lbs. Treatment, fluoroformol in 3-drachm doses every four hours, with strict adherence to proper diet, hygiene, etc. June 18th, the following symptoms were noted: Pulse, 95; respiration, 28; temperature, 100.4°; weight, 109 lbs. On the left side of the chest, there was dullness anteriorly to the nipple, and flatness posteriorly to the angle of the scapula; anteriorly, crepitant and subcrepitant râles, and the same posteriorly with pronounced bronchial breathing; the face and extremities were cyanotic. Treatment continued. His condition remained practically unchanged until July 10th, at which time the symptoms assumed a more grave type; hectic fever developed, the evening temperature was 103.4°; respiration, 34; pulse, 105; and the pulmonary signs gave evidence of a breaking down of the lung tissue. Fluoroformol was now given in ½-ounce doses every three hours with stimulation by hypodermic injections of strychnine (gr. 1-40) in *m*xx. of whiskey every five hours. July 20th, temperature, normal; pulse, 85; respiration, 24. Treatment, fluoroformol in 2-drachm doses three times daily and subcutaneous injections discontinued. July 21st, the temperature rose to 102°. Fluoroformol was again given in ½-ounce doses every four hours. July 23d, the patient's condition was as follows: Physical appearance greatly improved, hectic gone, night-sweats decreased, appetite decidedly improved, three meals being taken each day with the addition of four pints of liquid food in the intervals. The lower part of the area of consolidation previously noted was free from bronchophony, but fine râles

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were heard throughout the right upper lobe. Fluoroformol was now continued in 3-drachm doses every five hours. August 25th, pulse, 90; respiration, 20; temperature, 98.4°; weight, 112 lbs.; a few fine moist râles were heard anteriorly at the apex, but none posteriorly, although the respiratory sounds were still feeble. The patient is now able to sit up every day and is gaining in strength and flesh. September 20th, the patient continues to progress nicely; temperature, normal; pulse, normal; respiration, 20; weight, 114 lbs.; a few moist râles on the front of the chest, respiratory sounds stronger, no râles at the back. The patient walks around, is gaining in strength, appetite very good. Fluoroformol in 2-drachm doses three times daily, with syrup of hypophosphites. October 25th, he was in excellent condition, physical examination showed nothing abnormal, weight now 117 lbs. Does light work about his garden, feels and looks fine, has discontinued fluoroformol, and now takes cod liver oil three times daily. This case interested me so much that on February 1st I called on Mr. T. and found him shovelling snow, the picture of a happy, strong, and well man.

Case 3. Morris L., aged 32 years, came to me for treatment on May 16, 1901. He had a cough of six months' standing and for the past six weeks had been unable to work at his trade (tailor). He was considerably emaciated, loss of appetite and strength; pulse, 100; temperature, 101°; respiration, 22; cough and copious purulent expectoration. The presence of tubercule bacilli in the sputum was verified under the microscope. Auscultation revealed a gurgling over the left apex; weight, 120 lbs. Was placed upon fluoroformol in ½-ounce doses every four hours with proper directions as to hygiene, diet, etc. May 20th, his condition remains unchanged. Treatment continued. May 31st, pulse, 100; temperature, 101°; respiration, 24. Cannot rest at night, due to paroxysmal attacks of coughing. Has night-sweats, which produce extreme exhaustion. Prescribed morphine (gr. ¼), atropine (gr. 1-80) at bedtime, with fluoroformol in ½-ounce doses every four hours during the day. June 15th, patient is now feeling fairly comfortable, night-sweats have gone, appetite is better, coughs very little, with difficulty in raising, a yellow, tenacious discharge; temperature, 100°; pulse, 95; respiration, 22. Treatment with fluoroformol continued and atropine and morphine dropped. June 30th, patient gaining strength, coughs but little, auscultation still shows subcrepitant râles over the left apex, detection of Koch bacillus in sputum, appetite a little better; pulse, 90; temperature, 99°; respiration, 20. Continued fluoroformol in the same doses. July 25th, patient has considerably improved; appetite, normal; pulse, normal; temperature, 99°; respiration, 20. Auscultation over left apex shows few moist râles, clearing up. Coughs very little, examination of sputum reveals diminution of bacilli, has gained one and a half pounds, sleeps well at night, has had no night-sweats for six weeks, feels stronger and wants to go to work. I told him to continue with his treatment and also to take cod liver oil with hypophosphites. August 17th, patient is now feeling excellent; pulse, respiration, and temperature normal, has not coughed for over a week, auscultation over left apex shows nothing out of the way. Appetite excellent, feels strong, and will resume work next week. Discontinued fluoroformol and advised him to continue with cod liver oil during the following fall and winter. I saw the patient on February 2d, and he is now restored to health. He stated he has not coughed in months, has had no night-sweats, no fever or pain in the affected region, has gained 15 pounds.

I might go on *ad infinitum* quoting cases in which fluoroformol has proved of advantage, has proved curative, but the above data will make it sufficiently clear that, in those cases of pulmonary affections in which there has not already been cavity-formation or necrosis of the tissues, we have in fluoroformol a most worthy therapeutic agent. Every physician has many times realized that the therapeutic agents at our disposal fail us in critical moments. How often do we go

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on prescribing one remedy after another without effect, until finally in despair we lose our cases because they have progressed too far and therapeutic measures become useless, and especially is this so of patients of tubercular tendency or in the first stages. I would like my colleagues to test fluoroformol clinically and I feel sanguine that the results will be satisfactory.

The Modern Pharmacology of Gold.

By JOHN AULDE, M. D.,
Kennett Square, Penna.

Gold increases tissue change, but not so rapidly as antimony, arsenic and phosphorus, and is, therefore, less likely to produce fatty degeneration. We may account for this by reason of the absence of a tendency to produce plasmolysis, notably characteristic of arsenic, and the generation of physicians now passing from the stage took notice of this clinical effect, by cautioning patients about exposure while taking the medicine, because of the supposed influence of arsenic in "opening the pores."

From the earliest times the selective action of gold upon the sexual function has been recognized and in *Burton's Anatomy of Melancholy* we find some interesting metaphysical deductions on the subject, although modern physiological research has developed no satisfactory explanation to account for the clinical evidence brought forward by recent contributors to medical literature. Perhaps a study of its physiological actions and oligo-dynamic properties, with molecular vibration as a working hypothesis, conjointly with the theory of subconscious centers in the spinal cord, will shed a strong side-light upon the much-vexed question. We are not warranted in these days of scientific evolution in the conclusion that the supporters and exponents of a doctrine are subreptitiously engaged in promoting a phantasmatical hallucination.

The effect of medicinal doses of gold is to create abdominal pain, due probably to its action upon the cells of the digestive apparatus, or indirectly, through its influence upon the cerebral centers. Blood-pressure is increased, the pulse becoming full, stronger and perceptibly accelerated, indicating stimulation of the cardiac motor ganglia, but with small doses at short intervals, these physiological effects are scarcely apparent, to manifest advantage in securing therapeutic results. The clinical value of soluble preparations of gold—the double chloride—is evidently due to certain distinct oligo-dynamic properties, as follows:

(1) Its influence upon cell nutrition, since it promotes tissue metamorphosis without materially arresting oxidation.

(2) The general action upon the circulation, whereby the blood-supply is more equably distributed without cutting off the normal quota to individual organs or creating a surplus, as is the case with digitalis, caffeine, aconitine and atropine.

(3) Because of its selective action upon the genital apparatus, so intimately related to the mentative functions in both man and animals.

Indeed, it would not be too much to claim that derangements of the genital function "interfere" directly with mentation and indirectly reduce the vitality of the vegetative functions. If for no other reason, therefore, we have ample warrant for the addition of nuclein with a view to upbuild and conserve the normal activities, nuclein itself being an efficient aphrodisiac; and when we take into consideration the additional fact that gold, through its normal physiological action, institutes a new series of molecular vibrations throughout the system with the genital apparatus as a pivot, there can no longer be any doubt as to the clinical adaptation of the combination in neurasthenic conditions where sexual debility is a dominant symptom. The crucial test of clinical experience will bear out my claims, barring the presence of organic cardiac disease with nervous complications arising therefrom.

The logical application of gold and nuclein seems to lie in the following directions:

First, in the treatment of syphilis, as a succadenum for mercury, or in alternation with mercurials when the latter fail

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to produce the desired therapeutic effects.

Second, in the case of neurasthenia with sexual debility, to overcome the depressant effects of anodynes and hyponotics upon the sexual function.

Third, for the relief and cure of the alcohol habit.

Fourth, for the arrest and cure of cerebral and spinal scleroses.

Fifth, to obviate lithemic and fatty degenerations, so prevalent at the present day in patients who have passed the age of fifty years.

The general action of gold and nuclein in combination is that of a tonic-alterative and stimulant, augmenting the digestive capacity, improving the secondary assimilation and promoting the transmission of nerve impulses, through its stimulant action upon the physical properties and energies of protoplasm. There is notable improvement in the muscular tonus, extending even to the arterial system. Consecutively, the pulmonary apparatus responds to the artificial stimulus, the lymphatics become more active, the normal antiseptic and non-irritant character of the secretions is restored, and as a consequence, there is a rejuvenescent effect upon the brain cells. The flow of urine is slightly increased, the elimination of gold preparations being effected through the kidneys.

In the treatment of syphilis, gold is especially indicated where mercurials fail to produce the expected clinical results, probably, owing to exhaustion of the recuperative powers, cell function being unable to withstand the increased tissue change incident to absorption and elimination, not to mention the irritant action of mercurials upon protoplasm when given too concentrated or too long continued. In this latter condition the most happy effects attend the conjoint employment of nuclein (from animal sources), hypodermically in full doses. Usually, it produces an immediate and marked benefit in the subjective symptoms, creating a sensation of well-being and confidence in the patient, thus securing his active co-operation and attention to details. Distinct advantage will be gained from the concurrent employment of a saline, alone or combined with an alkali, to maintain a normal alkalinity of the blood, to restore its germicidal properties, to stimulate the lymphatics and to flush the intercellular spaces; in addition should be borne in mind the eliminant action upon both the hepatic and renal functions. Briefly stated, the object of medication is to *make the cells work.*

Substantially the same line of treatment should be followed in the case of neurasthenia, or nervous prostration, and the indigestions with hyperacidity (uric acid diathesis), since in all these instances we have to deal with suboxidation and defective elimination, not to mention the development of cytotoxines (Metschnikoff) within the cellular structures due, as I interpret it, to a reversion of cell function—retrograde metamorphosis—a subject which has been materially simplified by the recent investigations of Hardy, Loeb and Mathews.

For the alcohol habit, a similar plan is followed, strychnine arsenite being added to the treatment for its influence upon the cerebro-spinal system in overcoming the muscular relaxation arising from alcoholics, for its restorative action upon cell function and also for its recognized value in counteracting an acquired taste for stimulants of this character. However, nuclein combined with strychnine arsenite is by far the best nerve-stimulant, cellular tonic and reconstituent which we possess, and should constitute an important factor in the medical treatment. Strychnine nitrate, given hypodermically, has been extensively employed in this class of cases together with atropine and is now regarded the most efficient plan of treatment for inebriety, although I am convinced that the substitution of the salt containing arsenic will prove decidedly advantageous, because of its favorable effect upon tissue metamorphosis, and besides, it does not shut off the blood-supply by constriction of the arterial capillaries. Atropine hypodermically will continue as a valuable adjuvant for its influence upon the trophic centers, but in the light of this explanation its importance will be diminished. However, its effects upon the cutaneous system should not be over-

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looked, since we must bear in mind that alcohol, like morphine, tends to arrest or suspend cell function. Hence, the advantage of nuclein in full doses daily for a time after withdrawal of the alcohol, and the same applies to the treatment of drug addiction in general.

From what has been said, it appears to be unnecessary to elaborate further in order to show the clinical adaptation of the treatment to sclerosis, or the pathological changes occurring in lithemic or fatty degenerations, since the clinical and physiological properties of the combination point to its general employment, the special indication being sexual derangement with coincident involvement of the nervous system. There is, however, one important clinical memorandum which should be noted in this connection, namely, the special advantage to be gained in neurasthenic cases from the conjoint employment of iron in combination with zinc, as I have stated elsewhere. The laboratory investigations of Raulin, relating to the action of metallic salts upon the fungus Aspergillus, show that iron alone is not a complete cell tonic. By the use of zinc in weak solution with the iron, the effect of the combination was very marked, protoplasmic growth being augmented two, three, and in some instances, nearly eight times that produced by iron alone. Equal proportions of each were used in producing these results, and any attempt to vary the strength of the solution was attended with untoward effects, the growth being retarded. According to our author, the effect of manganese, while similar to that of iron and zinc, was "less constant, less appreciable."

In conclusion, I beg to call special attention to the importance of taking into consideration the irritant effect of medicinal substances upon cell activity. Even a salt solution when employed in too concentrated form will derange the osmotic equilibrium, owing to excessive plasmolysis, causing cellular death. While this action or effect is notably the case with arsenic, antimony and phosphorus, gold, on the contrary, is comparatively free from this objection, and when combined with nuclein from animal sources, the combination is well calculated to maintain the osmotic equilibrium while it restores the physical properties and energies of protoplasm—*makes the cells work.*

Results Obtained with Medicated Crayons in the Treatment of Stricture, Gonorrhea and Other Diseases of the Male Urethra.

By C. W. CANAN, B. S., M. D.
Orkney Springs, Va.

Why do physicians read medical journals? There may be different motives for so doing among different men, but the majority of us read to obtain information that we can use in our practice, that we may be better qualified to combat disease and relieve suffering humanity.

Each issue is largely scanned to see what the experiences of others has been in the use of certain new remedies, and the results they have obtained in the treatment of various diseases. We compare the physiological action they have discovered by the use of a certain remedy, with that observed by ourselves, or their method of diagnosis or plan of treatment with that of our own. In this way we often obtain information that will clear up a case that we have been puzzled over, or help us surmount a difficulty that we had believed impossible.

With the above object in view I decided to give to the profession a short article containing my experience with a comparatively new remedy or method of treatment, hoping that a thought may be dropped here and there that will benefit some brother in the profession. A few years ago I decided to investigate the several remedies and plans of treatment laid down for stricture, gonorrhea, gleety discharge, enlarged prostate, etc. I will not consume time or space by going over the long list of remedies or the tests that I made with them in the above diseases. However, I will say that many proved to be valuable and a few of decided merit, while some were worthless. While I was trying to decide upon some special remedy and plan of treat-

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ment my attention was called to "urethral crayons" (Norwich).[1] These are medicated pencils of convenient size to introduce into the urethra. After looking up the formula from which they were made, I decided at least to give them a trial. These trials were continued until they covered quite a field of usefulness. Later on I will give some of the clinical notes made at the time. I do not claim that these crayons are a "panacea" or "cure-all," but I do claim that when intelligently used *they become valuable adjunct treatment in cases of stricture and urethral inflammation.* Every physician who has practiced for a few years is aware of the difficulties and the remorseful failures that so often occur in the treatment of strictures and other forms of inflammation of the posterior urethral region, when treated by dilatation and injection. Especially is this true where the patient is expected to carry out part of the treatment. The length of these crayons insures their being brought in direct contact with the diseased areas. Their size insures a thorough stretching or dilatation of any folds or pockets along the urethral tract, thereby exposing the gonococci to its antiseptic power. Their slow but uniform solubility keeps the medicaments in contact with the diseased areas for a long time, giving them a thorough chance to do good. A study of the formula at once recommends them to the inquiring physician, for they contain many of the remedies that have been well tried in the past. They are ethical, clean, convenient, and will please both physician and patient.

The class of cases in which we have found them useful includes stricture, gonorrhea—acute, subacute and chronic, either specific or non-specific, gleety discharges and prostatic diseases.

All physicians know that in some cases of urethral inflammation there is a hypersensitiveness of the mucous membrane in which injections cause great pain; especially is this true in acute cases when the solution is too strong. Many a paying patient has been lost through prescribing a solution too severe, or failure to recognize a highly sensitive urethra.

The introduction of these medicated "crayons" seldom gives pain even in sensitive subjects. In a case of acute gonorrhea with a history of agony on passing urine, I always dip the crayon into a 4 per cent. solution of cocaine before introducing. Or better still, dip them into an ounce of sweet oil (olive oil) in which 2 to 4 grs. of cocaine has been dissolved by rubbing up thoroughly. These "crayons" are useful to introduce after catheters and sounds have been used to insure a thorough aseptic condition. In cases of retention of urine from stricture, it is good practice to introduce a crayon dipped into the solution of cocaine named before trying to introduce the sound. This is especially true in highly nervous individuals or where the urethra is highly sensitive.

The oil of theobroma acts as a mild lubricant, the other ingredients have a tendency, and especially when dipped into a cocaine solution, to allay muscular spasms. I will now append a few clinical reports of cases, the notes of which were made at the time the cases were treated.

Case I. German, male, 72 years old, miller by trade, and quite active for a man of his years. Had been troubled with retention of urine due to stricture for twenty years. Was compelled to draw his urine with a catheter every time. He had worn out several catheters and at the time I saw him he was using an old hard, dirty, filthy, obnoxious instrument. From some cause a hemorrhage had been produced, which clotted and filled or plugged up the catheter in such a way that he could not succeed in relieving himself. I douched out the bladder with an antiseptic solution, gave him a new catheter and several crayons, introducing one to instruct him how to use them. In a few weeks he could omit the use of the catheter and from that time until his death, which was two years later, he could urinate as freely and easily as any normal person.

Case II. American, male, age 35, drummer by profession, came to me with

[1] There are several makes of these "crayons," but all we have seen are crude and very inferior to those under consideration, "Norwich."

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stricture and a persistent gleety discharge. Had to get up as often as ten times some nights to urinate, which was slow and painful. This case was of eight years' standing. On several occasions there was complete retention, which was relieved by the catheter. As he traveled to and fro he had been treated in several large cities and by able physicians, paying out handsome sums. He said he had sworn that he would never take treatment again, for he had not even been benefitted, but when I showed him the crayons and explained their use he concluded to let me treat him for four weeks. I thoroughly douched out bladder and urethra with a solution of permanganate of potassium, then introduced a crayon. Had him to come to my office every other day and a crayon was introduced each time. Improvement was perceptible from the beginning and at the end of a fortnight he pronounced himself cured. I had him continue the treatment twice a week for two weeks longer, when I pronounced him well. I heard from him a year later and he had had no return of the disease.

Case III. German, male, 22 years, teacher by profession, had contracted gonorrhea six weeks before. Had been treated with injections, which he said only made him worse. The meatus was swollen and the urethra so sensitive that he almost went into spasms on passing urine. I injected one drachm of a 2 per cent. solution of cocaine, then douched out bladder and posterior urethra with permanganate of potassium solution; then introduced a crayon, and gave him a supply, directing him to introduce one every day and return in one week. On his return I found great improvement; directed him to use one now every second day, which he did, and in three weeks was well.

Case IV. German American, male, age 62, farmer, often complained of heavy and burning feeling in perineum. Had to get up often through the night to urinate. This trouble had continued for fifteen years, sometimes better and sometimes worse. Previous to calling me he had contracted pneumonia, which had reduced him very much, and had aggravated his chronic condition. The prostate was very sensitive and suppurated in a few days. The urethra was highly sensitive and he suffered agony on urination. The fistulous openings were douched out with a carbolized solution and a crayon introduced well into the posterior urethra every day. This treatment was continued for two weeks, and then twice per week for one month longer, when the running ceased, the inflammation gradually subsided, the gland returned to its normal size, the sensitive urethra regained its normal tone and the case made an excellent recovery.

Case V. American, male, age 29 years, professor, gave history of contracting gonorrhea four years ago. Had been treated with injections and pronounced well several times, but a gleety discharge soon returned. The meatus was glued together every morning; he had to get up often through the night to urinate, which at times was scant and painful. That his young wife whom he had married a few months before had contracted gonorrhea from him. The wife was treated according to the indications in her case. He was given an alkali to render the urine less acid, the posterior urethra was douched out with a strong solution of permanganate of potassium, and a medicated crayon was introduced well back once daily for one week, then every second day for another week, and finally only once per week. At the end of two months I pronounced him cured and there has been no return of the disease.

In all these cases the crayons were used instead of injections as local treatment, combined with such constitutional treatment as each case indicated. When injections were used there was only one in the beginning of the case to thoroughly clean out the canal to give the crayons a good chance to act upon the diseased areas.

Dear Dr. Taylor:—My son and I think THE COUNCIL the best and most helpful of the eight journals we take. E. J. MARSH, M. D.
Southwest Oswego, N. Y.

The Medical Council is one of the best journals for the price in the world.
Raven Rock, W. Va. DR. S. M. DEVORE.

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Communications.

Guaiacol for Pneumonia.

To The Medical Council:

I have used guaiacol for my pneumonia patients this winter, and it has been a revelation to me, unless my mind has lost its cunning in diagnosis. I see that some of the profession are making remarkable claims for creasote in pneumonia, and as the best beechwood creasote contains from 60 to 90 per cent. of guaiacol, I am not surprised at their success. I believe, however, that the success is due to the guaiacol it contains. I give guaiacol early and persistently in all pneumonias. I will report a case, giving the treatment, which I adapt carefully to each case to the best of my ability.

E—, boy, 15 years of age; large for his age. Difficult breathing, severe pains in left side, hard, quick pulse, face flushed, skin dry; tongue dry and coated with white fur; temperature, 104 3-5 degrees; hard continuous cough, raising a tough, blood-streaked mucus with difficulty.

I gave him 8 grains of calomel with 8 grains of Dover's powder, and directed the nurse to sponge him to reduce the temperature. I also gave him

℞ Guaiacol . . . . . ʒij
Alcohol . . . . . ʒj
Glycerine . . . . . ʒij
Elix. Lactopeptine q. s. ad. . . . . ʒviij
M. ft. sol. Sig.—Teaspoonful every 3 hours.

I also ordered a dose of Rochelle salts eight hours after calomel.

I called next day and found that the patient had taken a good breakfast, cough loose and expectoration copious, with no blood, and lung clearing up nicely; no pain and no complaint.

I have had the above experience a number of times, some, however, not so pronounced as the above, but have not had a single case, where I saw the patient within twelve hours of the beginning of his chill, that did not respond in a remarkable manner to the administration of guaiacol. I hope the profession will try it and report.

John W. Hyatt, M. D.
Bellevue, Tex.

A Fetus Showing Peculiar Degeneration.

To The Medical Council:

One morning, just after I had delivered a primipara of a baby after an all-night siege, I was sent for to go on the other side of town. I arrived about 10.30 A.M., and found a II-para. It was during our only blizzard this winter, in a room in which we just had room enough to get around, the snow sifting through on the bed. The pains were regular, indications normal, but I could not make out the position of the occiput. There seemed to be plenty of room; I could move the presenting part, but could make very little progress. At 2 P. M. I sent for a neighboring doctor seven miles and forceps, but by manipulation I finally got the head, or presenting part of the head, through the vulva. Parts were very much on the stretch. Water was oozing from the scalp. I finally got a hook on it and brought the head clear. At this time Dr. Wiles arrived, and, while he made pressure downward on the perineum, I worked the shoulder past the pubes. (We could not get at an arm until the last few moments.) This readily delivered the fetus. It was fully eighteen inches long and huge. The limbs looked like they were moulded out of paraffine wax, and at the least abrasion would let forth a sticky watery fluid. All the cavities were full of water. There were great creases at the joints, and they were stiff. The skin of the abdomen was thick and full of cells, and on incision of the abdomen the water spurted from it. The spleen was about the size of a quarter, and the liver as large as my hand. Intestines very small and wound in knots. No lungs except rudimentary, and these were up close to the clavicle. The heart was about the size of a spring chicken's heart and looked like it. It was partly turned over and on right side. Eyes were deeply set and small, but after the water was all drained off the face looked natural. Before that the upper lip was drawn up so as to give the appearance of having two noses. The ears were of the same waxy material as the legs.

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In making digital examination I could locate no fontanelles, but could detect the skull by pressing a little hard. The afterbirth was rotten and attached. It partly gave away by expression, but even expression tore it up, so it had to be taken away. The patient made an uneventful recovery.

C. W. Tedrowe, M. D.

Tryon, Okla.

Home-made Coin Carrier.

To The Medical Council:

In March edition of Council you ask for suggestion of good home-made coin carrier. Enclosed I submit one that I have been using with utmost success for a period of five years, during which I have sent to various fraternal companies hundreds of dollars in small coins, without the loss of a cent.

The carrier, as you notice, can be made from discarded postals or any of the numerous cards that are daily received by physicians. Cut two parallel slits according to size of coin to be sent, slide the coin through slits, fold in letter and mail. I send in that manner three quarter dollars, half dollars or a half and a quarter at one time. Fraternally yours,

J. S. Arnold, M. D.

24 Second St., N. E. Washington, D. C.

"The Battling of Questions for Young Physicians."

Under the above heading, Dr. W. C. Proud, of Oregon, Mo., contributed, in our February number, page 71, a series of sixteen interesting and somewhat puzzling questions, such as are very frequently asked of the family physician, and requesting satisfactory replies from doctors of experience. From the many sets of replies received we have selected the following as being best and illustrating various points of view. Get out your February number and consider the different replies to the first question, marking the percentage of merit, according to your opinion. Then take the second question, and so on through the list.

Answers to questions of Dr. Proud in February Council:

To The Medical Council:

I suggest the following replies to the questions:

1. "Doctor, do you think she is dangerous?"

"She is seriously, but at present not dangerously ill; the danger consists in the complications that may appear later."

2. "Is there any danger of anything else setting in?"

"In nearly all diseases there is a certain amount of danger of complications setting in; many of them we can prevent; some of them we cannot prevent, but must watch closely for them and take care of them as soon as they show themselves."

4. "Isn't chloroform dangerous?"

"All operations are somewhat dangerous; in your present health, there is practically no danger for you from chloroform. If you allow this cancer to grow, it means sure death for you after awhile; and, if you wait too long, it would be dangerous for you to have an operation, so there would then be no help for you. As a physician and as your friend, I advise you to have it attended to at once."

6. "Aren't your medicines too strong for children?"

"No."

8. "What is good for my headache?"

"I can only make a guess at it now; you ought to come to my office and have a careful examination; I can then prescribe for you intelligently."

9. "Are you sure you haven't neglected anything in Eva's case?" (pneumonia.)

I feel sure I have not; I am specially interested in this patient and want to see her get well; I think over her case a good deal, and have even read all that my books say of such cases. However, if you would like it, I shall be very glad to have a consultation with another good physician; you know that two heads are often better than one."

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15. "What is the matter with Mrs. H.?" (miscarriage.)

"I have not time now to explain it to you as it would take too long; I will say though that she is doing very well at present." Doctor, it is a good plan for you to refuse in the simplest cases to tell anyone else what is the trouble. Get a reputation for never telling what ails your patients; then, in a case where you desire to conceal the nature of the case, no suspicion is aroused by your refusal to give information, and your people will like you better for your constant reticence; you will get the dislike of a few busybodies and gossips, but that will not harm you.

16. "What is the matter with John?" (Case where you have not made diagnosis and are awaiting developments.)

"I have examined carefully and do not find any definite disease, but only certain symptoms which might belong to anyone of two or three; it is too soon yet to say which it will be; however, it makes no difference, because at this stage the treatment is the same in all of them."

G. H. STOVER, M. D.

Denver, Colo.

TO THE MEDICAL COUNCIL:

In reply to the questions propounded by Dr. Proud, page 71, February COUNCIL, I submit the following:

1. "That depends."
2. "Possibly."
3. "You tell."
4. "Yes; in the hands of the laity."
5. "Time is the best remedy. All I can do is to meet the indications as they arise."
6. "No; I think not. Children tolerate medicines well."
7. "Yes; with good care and proper treatment."
8. "Some of *my* medicine."
9. "Yes. Pneumonia is a self-limited disease, and runs a definite course. All anyone can do is to guide it."
10. "Fear acts as a nerve-paralyzer."
11. "Quite sick."
12. "Improving."
13. "As if master of the situation."
14. "With confidence and dignity as soon as his professional duties are performed."
15. "I'm not at liberty to say."
16. "I can tell better to-morrow."

In general, be chary of your words. Avoid saying too much or committing yourself to any definite theory or course of action. Be as civil as you can with those who are pumping you for information that does not properly belong to them. I give this as the result of eighteen years' experience in medical practice.

W. FLAGLER, M. D.

Imlay City, Mich.

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1. "Well, yes; true she is very sick, but we must not give up hope as long as there is life!"
2. "There is a possibility, but every avenue of approach of an enemy is being guarded and watched most thoroughly."
3. If the disease is commonplace, simply tell it. But if one that would be rather delicate to mention outside those who have a right to know, I would be very guarded and give an evasive answer, such as 'result from a cold' or some similar answer.
4. "While a pin-scratch has been known to be fatal, yet there are thousands of such scratches with no fatality; so with chloroform."
5. "The cause being the result of certain previous condition, especially diseased bloodvessels, I would expect little from medicine; yet he may rally from this for a while by the aid of medicine."
6. "Now, Madam, you have asked the very question I would have had you ask. Do you see these little vials filled with little granules and these with little tablets, also these four vials with fluids? They are alkaloids, glucosides, and concentrated tinctures. Well, with them I can graduate the dose for infant or adult with the exact precision as can be done with no other form of drug."
7. "I see no reason why, when she recovers, she should not have her usual health."
8. Ask her a good many questions about matters which can be a possible cause, that she may know there are many causes. Then tell her that the medicine

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to relieve it will cost not less than a dollar.

9. "Of all things, I am the most sure that I have attended to the minutest detail. Don't you be uneasy on that score."

10. "When you start for the dentist's office, you begin to think of the forceps and the pain, and the nearer you get to the office the more excited you get, until the excitement stimulates; when at home you are not laboring under the same excitement."

11. "The little one is quite sick, Mrs. Blabber." (Now, if you enlarge on your answer to her, remember the Delphian Oracle.)

12. "Happy to say the child is on the uphill tendency."

13. On entering the room, quietly and politely pass the time of day, and make an *omnibus* bow. Then ask about the patient, then about the health of the visitors in general.

14. Leave, expressing a hope that the patient will be better on your return; then bidding all good-day, bow yourself out of the room.

15. "Slight indisposition, which I expect will pass away in a few days."

16. Make a plain statement of facts, provided John is not laboring under misplaced confidence of the nymphs in assignation.

I can realize circumstances under which the same questions may be asked, and need quite different answers. However, we all know how easy it is to ask questions and how hard it is to answer them.

I am of the opinion that Dr. Proud hit upon a very suitable subject. It will help any of us to consider these questions and their answers.

W. H. Blythe, M. D.

Mt. Pleasant, Tex.

To The Medical Council:

I would answer Dr. W. C. Proud's questions as follows:

1. Tell patient's friends the truth.

2. Same reply.

3. Tell the truth.

4. "Yes. And it should not be given in such a case when local anesthesia would answer every purpose."

5. Tell the truth. A doctor should have tact enough to make the truth satisfy, and, if he has not, he should tell it anyway and take the consequences.

6. "No." With explanations to one so ignorant as to ask such a silly question.

7. Tell the truth.

8. I have lost some patrons by not answering similar questions tactfully. From my own experience, I now say pleasantly, 'why medicine is good for headache; shall I fix you up some?' This reply will perhaps lead to an examination of the case, and perhaps a fee. Same reply tactfully made for any complaint will either make you a fee or a friend. As a general thing, one who asks a question of that kind is not working for free information, but does not know how to approach a physician.

9. Tactful, honest truth is the only thing.

10. "The influence of nervous excitement causes the tooth to quit aching."

11. Tell the truth.

12. Same reply.

13. In manner quietly. Speak to all present, if you have plenty of time, pleasantly. Do not visit friends of patient or patient. Prescribe as soon as you can without being too abrupt, and, when your work is completed, take your leave quietly.

14. In manner as above stated, simply saying, "good-day," after leaving word when you will call again.

If there is no particular reason for not letting the neighbor know what the trouble is, why state the facts. If there is any reason for concealing the facts, as in the case of an unmarried female, answer ambiguously. You need not lie to do this.

16. State tactfully that the symptoms have not developed sufficiently to tell exactly what is the trouble. Tell the truth.

An experience of almost thirty years has convinced me that it is best to be scrupulously honest and truthful. I have never lost a patient by telling the truth. I have lost patrons by not being tactful, in some instances. I think the people have a right to expect the doctor to answer in "a smooth, affable way," and

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I would add truthful way, also; and when a doctor does not answer that way, they think right when they think he does not know his business.

H. M. OCHILTREE, M.D.

Haddam, Kan.

TO THE MEDICAL COUNCIL:

Answers to Dr. Proud's questions:

I was much pleased to read the queries of Dr. Proud, in the February COUNCIL, as similar questions are asked the general practitioner every day. I hope there will be a liberal response.

In replying to such questions no one can give answers that would be satisfactory in all cases. Different circumstances and different individuals require different answers.

In answering the questions I shall give answers that I have given in my own practice and experience.

1. "She is seriously ill, but I do not consider her dangerous at present."

2. "There is always danger of complications, but I see no indications of anything of the kind at present."

3. The best plan is to find out at the first visit the cause to your own satisfaction. It is then easy to honestly explain.

4. "Of course, there is a certain amount of danger, but I have given it to a good many people and never had anyone die from it. If I thought there was more danger in your case I would not think of giving it. Your heart is all right, and really I do not think you need be a bit afraid."

5. "It is very doubtful if anything will be of any use. But while there is life there is hope, and we will do all that can be done for him." (Give minute instructions as to medicine, care, etc.)

6. "No, sir. What makes you think so?"

7. "If she makes a complete recovery, as I hope she will, she will probably be stronger than she has ever been."

8. "I will give you something that will relieve it." (While speaking take out prescription blank and write. Hand prescription to her and give directions for its use.)

9. "Certainly I am. I would not neglect Eva any sooner than I would one of my own children. What put such an idea into your head?" (Probably some old granny has been telling them what ought to be done. It is well right then to warn the family against meddlesome friends. Tell them if they want their child to live to follow your directions and pay no attention to what neighbors say.)

10. "The fear of having it pulled stops the ache. A very common occurrence."

11. "No better."

12. "Better to-day."

In cases 11 and 12, I never stop if I can avoid it, and make my answers as short as possible. By making short answers and not stopping, you gain several points. First, you avoid innumerable questions. Second, you get the reputation of being non-communicative. People will not be so apt to ask questions if they find they cannot find out anything. Third, patients will trust you with their secret ills, knowing that people can never get anything out of you. Nothing hurts a doctor so much as a reputation of being always ready to explain and tell every thing he knows.

13 and 14. He should enter without making unnecessary noise or undue haste. His manner should be calm, earnest, and confident. Never stop to pass remarks with the neighbors, merely bow and say, "Good morning," as you pass to sick-room. As you reach the bedside, greet the patient with, "Good morning, Mary. How long have you been sick?" (or if patient is too young or too ill to answer, direct same question to mother or father). This question gives you a chance to learn the history of present illness. After you have obtained a full history make a thorough examination. If you can make a positive diagnosis it is best to say, "She has pneumonia," or whatever it may be. It gives people confidence in you if you positively know what the trouble is. If you say, "I think it is thus and so, or we will have to wait a few days to make sure," etc., the patient is nervous, and the people commence to think about calling some one who has had more ex-

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perience. Besides, they expect you to give medicine "to break it up," and it looks queer to them for you to give medicine when you are not sure what the disease is. A veterinary surgeon of long experience once told me that he always explained what the trouble was whether he knew himself or not. If there was any hedging to be done he did it afterwards. Of course, there are exceptions, but in a majority of cases it is better to be positive than in doubt. The idea is to inspire confidence in your ability, which is half the battle.

After you have announced the disease it is as well to say, "You are feeling pretty bad to-day, Mary, but don't worry; you'll get along all right." Always be cheerful and leave the patient in as happy a frame of mind as possible.

Prescribe the medicines you intend to use and give explicit instructions as to their administration. The care of patient, temperature of room, food, etc. Do not prolong your visit. Say, "I will see you to-morrow about 5 P. M., when I hope you will be feeling more comfortable. Good-day."

Neighbors need not bother anyone. After the first greeting, I would pay no more attention to them than as if they were not present.

15. "She's sick." Never stop; and before he recovers from his astonishment you will be out of hearing. Some will be angry and some will be pleased; but in the end it will help you, for he will find out from some one what the trouble is and will respect you for not telling, and so will all his neighbors.

16. This is a very hard question to answer. But, in answer to question 13, I have given my ideas which will answer this also. People expect a doctor to know what the disease is and I don't believe in disappointing them.

G. W. BOLKCOM, M. D.

Tower, Minn.

The Association of Medical Officers of the Army and Navy of the Confederacy will meet in the Judicial Room of the City Hall in Dallas, Texas, corner of Akard and Commerce Streets, on Tuesday, April 22, 1902, at 12 m.

D. D. SAUNDERS, M. D., Memphis, Tenn., President.

DEERING J. ROBERTS, M. D., Nashville, Tenn. Secretary.

The Business Side

OF MEDICAL PRACTICE.

While we as physicians desire to be scientific students and practitioners of medicine, yet we desire also, for the welfare of our dependent ones and for the sake of our standing in the community, to secure a fair compensation for the services we render to our fellow-men and to society. To this purpose The Council will occasionally conduct a brief department in which may be discussed those subjects that pertain to the financial welfare of the practitioner and the profession. Ideas are solicited for this column.

Dr. Hamlet's Soliloquy.

By J. E. STUTE, M. D.
Pitcairn, Pa.

To practice medicine, or not to practice, that is the question.

Whether 'tis nobler in the mind to demand our fee in advance, or give powders, tablets and pills, with a great number of visits, and receive no reward.

Then swear—loud and deep—each time we recall the dead-beats, who have our good offices received and our bills ignored.

To swear—and by swearing, say we will draw no more on our gray matter, or bear the thousand worries, and forego the sweet soothing influence of morpheus, to say nothing of calomel wasted.

'Tis a consummation devoutly to be wished.

To sleep, and perchance to dream that our erstwhile patients had succumbed, and in shuffling off this mortal coil, found the devil awaiting, whose claim could not be deferred.

There's the respect that makes calamity of so long life.

For who would not be freed from a horde of worthless patients, who make good promises, but seldom pay?

The work, the worry, the many nights' sleep we lose!

The condemnation (merited) for profanity and the impositions that the patient doctor from the unworthy takes, when he himself might swear less often, see

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fewer patients, have more money, with something to drink more to our taste than the waters of Marah, if we would insist on prompt settlements.

Then the fear of that grim specter, Want, before death would not trouble;

And, when summoned to stand at the portals of life and death to pilot the stranger through the perilous straits and amniotic seas, we should demand our fee in advance, 'twould puzzle our patients, but teach them rather to bear those pains they have, than fly to a doctor whom they owe for the last delivery.

Thus conscience would be easier with us all.

Then the native hue and vision of the doctor would become more rosy, and enterprise of great pith and moment for want of cash would not be turned awry.

For we would have money to burn.

Clergymen and Doctors' Bills.

To The Medical Council:

The following are a few of the reflections that often recur to my mind as the result of being engaged in country practice for upward of a score of years:

The city practitioner has his grievances, not the least of which is the dispensary nuisance. Not that it follows that dispensaries properly managed and patronized are not a blessing, but the abuse of the system by being patronized by the well-to-do, thus cheating the honest physician out of a fee that rightly belongs to him. Whether or no he receives fees from the clergy the same as from members of other professions and crafts I am unable to say.

There may be good and sufficient reasons for members of the medical profession dispensing their services and medicines gratuitously to the clergy. However that may be, there certainly are as many good ones why this custom should be restricted to narrower limits. The average *net* income of the clergy compares well with that of the medical profession, while it exceeds that of many of their parishioners and that of the rank and file of our other patients who count on paying their doctor's bills the same as those of their grocer or coal man, and that without murmuring.

The physician's time, services, and medicines are his stock in trade, and answer to the dynamo that generates the force to keep himself and dependent family afloat. Why, then, is he singled out to gratuitously perform services and furnish material for those of another profession? There may be exceptions when the minister has been retired from service or is performing a service of love for his fellow-men without hope or expectation of remuneration. To such no class of men or no profession is more willing to extend aid than the medical profession, and that without charge.

The picture of the "general practitioner," so graphically portrayed in Ian MacLaren's "Beside the Bonnie Brier-Bush," has its true type in many a country practitioner of to-day, though of course the conditions have changed. He braves the storms, riding through snow-banks, rivers of mud, fords streams when the freshets are on, undergoing exposures that result in serious sickness to himself and great anxiety to his family, all for some poor sufferer—often poor in purse. All this he does, often with poor prospects for pay. Does the drygoods merchant or grocery man take his goods from the shelf and give them to a certain class of customers? Is it a common practice for them to furnish the local clergy with what they need of their wares? Yet this is just what many physicians are doing right along, besides doing their share towards wiping out the church's indebtedness and paying the minister's salary. To my mind there is no right or equity about this custom, and the sooner it is done away with the better.

Still, I presume, we will keep right on in the same beaten track until incapacitated by age or other infirmity. The practice tends to lessen the self-respect of the recipient, as well as that of the public in general for him and his work. "The laborer is worthy his hire." Pay your minister well and let him in turn pay his bills—doctors' included.

A Subscriber.

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Physicians as Benefactors.

From an excellent article by I. A. McSwain, M. D., Paris, Tenn., in the *Charlotte Med. Jour.*, showing how well the physician performs his public duties as a teacher to prevent sickness, epidemics and degeneracy, we select the following eloquent passage:

"What a difference between the motives of the honest and regular practitioners and the quack or patent medicine vendor is here manifested. The secret medicine manufacturer is sharp enough to take care of his trade by loading his nostrums with stimulants or narcotics, which he knows will by their use create in the subject their own demand; while the charlatan or quack has no other motive than of extorting as much as he can from the pockets of his credulous admirers.

"We assert that no motive akin to these ever finds lodgement in the true, honest purpose of a medical man with a conscience.

"The civilization and progress of which our country boasts and of which she is justly proud could never have been achieved and maintained by arms, however victorious, nor by statesmanship, however wise and great, nor by politicians however artful and cunning, had these factors, mighty as they are, not been supplemented by the self-sacrificing, self-denying work of faithful intelligent medical men. And in this regard at least doctors, although as a class they may not be given to much religious display, certaintly do reproduce in a marked degree in the drama of the world's history the spirit and genius of the man of ancient Galilee, who became poor that others might be rich, and finally yielded up his life for his fellows."

We take great pleasure in commending to the busy doctor a convenient pocketbook for carrying in one book a daily, as well as ledger, account of his patients. It is the invention of our esteemed brother and editor of THE MEDICAL COUNCIL, Dr. J. J. Taylor, Philadelphia. Send for this book, and see if we speak not truly, that it is as near perfection for the purposes for which it is designed as anything you have thus far seen. It does not deal with signs and dots and dashes and other cabalistic forms. When properly kept—and this is as easy as the keeping of an ordinary diary—it is a legal record, and will be accepted by any court as a book of original entry. It is always in your pocket or your grip. Price $1. —From *The American Physician.*

Old-Fashioned Fees.

Dr. John Radcliffe (1650–1714), a Yorkshire man by birth who removed in 1684 from Oxford to London, has come down to the present generation with the credit of an exceptional recipient of large fees. He has been described as a brusque, witty, somewhat dictatorial physician, who caught the fancy of royalty almost from the start. His strictures upon the feeble pharmacy of his competitors have been mentioned as contributing to his success as a treasurer of honorariums. For attendance on William III, during the first eleven years of his reign, he had on the average more than 600 guineas per annum, and was once "ordered 500 guineas out of the privy purse for the cures of M. Bentinck and M. Zulestein." On another occasion, having been sent to Namur to cure Lord Albemarle, after a week's residence in the camp abroad, his majesty gave him a treasury-order for £1,200, and the patient with a rare gratefulness presented him with 400 guineas and a diamond ring of "envious glitter." Dr. Gibbons, Radcliffe's neighbor, profited by his overflow to the extent of more than £1,000 per annum, and a certain apothecary by recommended patronage died worth £50,000. Allowance, however, must be made for high expenses and the depreciation of money-values since Dr. Thomas Young (1773–1829) was wont to say that no one should attempt to establish in London who had not a private fortune of £500 or £600 a year. As a whole, the present is a practical age abounding in competitors on the one hand and capricious patients on the other. In this fair land there are rumors of fortunes made during the hours of sleep, but somehow the statistics are not all on hand, or else popular faith may be awry. At all events, many like John Hunter have been peevish over a guinea when won at the expense of an interrupted investigation, and let it be remembered that physicians are spasmodic accountants.—*Journ. Amer. Med. Assoc.*

[This brings up again the question of decent medical fees. While it is the

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commonly-accepted belief that life is the most precious possession in the world, this is only true to a certain extent, probably with the majority of people, although there are very many who hold other things dearer than life. While most people will sacrifice everything they have to save, or even only prolong, life, though it be a miserable one, there are others who will part with life in good health rather than yield up other things that they hold dearer, such as money or reputation. Note, for instance, the occasionally occurring suicides by business men because of the mortification of failure, or some other form of so-called disgrace. Then the miser parts with his life rather than with his wealth, and so on through the list. It is on this account, very largely, that lawyers obtain larger fees than physicians. There is no reason in common sense for this stupid medical practice of charging a uniform fee per office-call or house-visit regardless of other conditions; such, for instance, as the ability of the patient to pay; the importance of the disease for which the patient is being treated; the effort and time consumed by the doctor in reaching his patient and doing his work. We should charge according to these factors, and should avoid uniform charges and explanatory itemized accounts as much as possible, simply stating that so much is our fee for the services rendered, and if it is not satisfactory, some one else had better be consulted in the future. If medical men will learn to be independent in matters of this kind, they will be more thought of by their patrons, and will get along better.—ED.]

I am well pleased with the Physician's Pocket Account Book, as it is a great saver of time.
DR. H. A. ARMSTRONG.
La Junta, Col.

I have used your Pocket Account Book the past year, and like it very much.
Brisbin, N. Y. Dr. VINCENT BURGISS.

BEST IDEAS FROM RECENT LITERATURE.

Uric Acid Fallacies.

Frank Billings (*American Medicine*, October 12, 1901) enumerates the following "fallacies of uric acid:"

1. That uric acid is toxic.
2. That it is a causative factor in any disease except gout.
3. That "uric acidema," meaning acid blood, exists.
4. That the chemical reaction of the blood may be altered by medicinal quantities of alkalies, or by diet.
5. That uratic deposits may be dissolved out by the administration of alkalies.
6. That lithia is a uric acid solvent of unusual potency.
7. That uric acid is an abnormal constituent of the urine.
8. That an excess of uric acid in the urine at one time or a deficiency at another time indicates an abnormal condition in reference to uric acid.
9. That rheumatism is due to uric acid.

Transverse Suprapubic Division of the Skin in Performing Abdominal Section.

Kreutzmann, of San Francisco (*Amer. Gynec. and Obstet. Jour.*, December, 1901), reports a series of five cases of celiotomy performed by Küstner's method, with satisfactory results. Küstner, in 1896, published an account of his method which up to that time he had used successfully in eight cases. This method consists in a transverse division of the skin, subcutaneous tissue and fat, down to the aponeurosis of the abdominal muscles, above the symphysis, near the upper border of the suprapubic growth of hair. This transverse incision is then extended longitudinally with hooks, by pulling up and down the upper and lower borders of the wound, and the abdomen is entered in the usual way by longitudinally splitting the aponeurosis, dividing the muscle and opening the peritoneum. Kreutz-

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mann from his own experience in the five cases reported concludes: First, that with a transversal division of the skin from eight to twelve cm. long, the longitudinal incision through the parietes can be extended enough to obtain a full view of the organs in question, to reach and manipulate them in such operations as breaking up adhesions, resection of ovaries, removal of tubes and ovaries, removal of small fibroids of the uterus, etc. The work can be done under control of the eye, and we can treat every pedicle without making ligatures *en masse;* on the contrary, we can ligate the individual vessels and can suture any slit in the peritoneum, thus leaving no stump or raw surface in the peritoneal cavity. Second, there is no doubt that with this procedure it is possible in a great many cases of abdominal section to avoid any visible scar. Third, when uninterrupted recovery occurs, after careful suturing of the incision, the danger of subsequent hernia is almost entirely absent. The method of suturing the incision of the parietes is identical with that employed in almost all abdominal section, requiring careful coaption of the muscles and most careful union of the aponeurosis of the broad muscles with interrupted catgut sutures.—*Internat. Med. Mag.*

The Prevention of Laceration of the Perineum in Labor.

G. B. Twitchell (*N. Y. Med. Jour.*, December 28th) regards a certain number of perineal tears as unavoidable, but many may be prevented by proper care. It is of primary importance to keep in the vagina a lubricant to facilitate the normal extension. The natural lubricant should be preserved. Digital examination removes a great deal of the lubricant and gets the perineum ready for a tear. The vast majority of digital examinations made during labor are without reason. External palpation should be practiced more. Delaying a precipitate labor by chloroform will save the perineum in some cases. In a protracted labor the extraction of the head with the forceps applied before the vagina becomes bruised and dry will prevent many lacerations, especially as the head can be extracted between pains. M. A. Walker thinks that in many cases it is necessary to retard delivery long enough to allow the pressure of the presenting part to soften and stretch the outlet. Both subjective and objective measures are useful; subjective, such as the mother's refraining from the use of voluntary muscles; objective, as pressure applied by the accoucheur directly to the presenting part, retarding its progress and directing its advance through the axis of the outlet. An anesthetic may be required toward the end of the second stage, chiefly for its property of preventing voluntary and lessening involuntary muscular contraction in case of endangered perineum. J. L. Andrews says the whole subject of prevention of perineal laceration may be summed up in a few words, by (1) patiently and persistently endeavoring to bring the longest diameter of the presenting part in relation with the longest diameter of the outlet, and (2) by securing perfect dilatation of the soft parts. Proper position of the patient is important, and he insists that, whatever the position, the vulva must be thoroughly accessible to sight and touch. An intelligent use of chloroform or ether and the proper use of the forceps are important helps. Many lacerations of the perineum are caused by the passage of the shoulders. These are much less excusable than head lacerations. If undue haste is avoided, and the head lifted upward, one shoulder will be behind the symphysis, while the other is safely borne over the perineum.—*Internat. Med. Mag.*

The Function of the Tonsils.

With a Few Suggestions Regarding the Differential Diagnosis of Tonsillar Affections.

Dr. R. C. Matheny in the *Medical Record* of September 14, 1901, points out that the anatomic and histologic structure of the tonsil proclaims it to be simply a mass of lymphoid tissue whose function is pre-eminently that of an absorbent. The circle of lymphoid tissue guarding the entrance to the respiratory

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and alimentary tracts is not there by accident, and the author pleads, therefore, for a more intelligent and conservative treatment of the tonsils and tonsillar affections. The author refers briefly to the following conditions which justify the excision of the tonsils: 1. Simple hypertrophy of the tonsils, preventing the entrance of sufficient air in breathing. 2. Cases in which the hypertrophied tonsils interfere with the function of the Eustachian tube. 3. Hypertrophied tonsils that are subject to recurring attacks of inflammation. 4. Tonsils which show considerable degeneration. 5. Tonsils whose crypts have become filled with offensive caseous matter. 6. Tonsils that are subject to lacunar ulcerations. 7. Cases in which a quinsy habit has developed. 8. Cases of lupus or tuberculosis of the tonsil.—*N. Y. Med. Jour.*

[This is good advice and we would only add the suggestion that whatever usefulness a good normal tonsil may have, it is a thing that no longer exists after this little organ has become permanently diseased and incapable of performing its functions. It is then a local irritant, and a possible source of general infection. It becomes an active, dangerous, organic foreign body.—ED.]

Drainage of Uterus in Treatment of Salpingitis.

M. Beaussenat, *Rev. de Gyn. de Paris:* Walton's method of forcible dilation of the uterus, followed by curetting and prolonged drainage with a stiff rubber tube, has been applied by the writer in twenty cases of salpingitis consecutive to endometritis. The catarrhal form was always cured. This result was also frequently obtained in non-cystic, purulent salpingitis. Old and painful parenchymatous salpingitis was much improved in nearly every case. Peri-uterine infiltration may be absorbed after dilation, curetting, and drainage of the uterus. The same treatment is also indicated for pyosalpinx if it is unilateral, recent, small, and has not caused many inflammatory symptoms, especially if operated on in the intervals between attacks of inflammation. The drainage is kept up from ten to twenty-two days, changing the tube every second day.—*Homeopath. Jour. of Obstet., Gynecol. and Pediat.*

[This is, of course, a new experience. But we want to suggest that there is a better mode of drainage than that afforded by the stiff-rubber tube. Its use requires a sufficient accumulation of material within the uterine cavity to reach the top of the tube, or, at least, the nearest orifice if it is a perforated one. Instead of this, we should prefer the corrugated intra-uterine soft-rubber stem, which readily bends with the uterus, and permits the ready outflow of liquids between its grooves and the cervical wall. We have tried both, and know whereof we speak.—ED.]

Chloral Hydrate as an Antipyretic.

An editorial in the *Detroit Medical Journal* for December, 1901, states that the three qualities demanded in the safe and perfect antipyretic are that it must be aseptic, volatile, and manifest the minimum of solubility toward aqueous fluids. The author affirms that chloral hydrate alone fulfills all these conditions, although chloroform is a good second. Unless pushed too far it is not toxic, and manifests its antipyretic action through its activity as an antiseptic, neutralizing the toxins that induce pyrexia. He adds that it may be safely employed whenever an antipyretic pure and simple is demanded; that it is the best agent in its class in low continued febrile maladies, and after twenty-five years' experience with it recommends it as the only completely satisfactory antipyretic in typhoid conditions.—*Cleveland Med. Jour.*

[This fully accords with our experience with this drug in scarlatina and other fevers. It is a good antiseptic agent, destroying morbific germs, besides quieting the irritability of the nervous system,

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which is of great benefit to most fever patients. Great ingenuity must be exercised to withhold from the patient knowledge of the drug, and to prevent the formation of the chloral habit. To this end it must be given for only a short time, gradually withdrawing it and substituting good tonic treatment during convalescence.

We earnestly invite reports of experience in this connection from our readers.—Ed.]

Hints.

By C. H. Boynton, B. S., M. D., Los Banos, Cal., in *Wisconsin Medical Recorder.*

A too favorable prognosis is bad for the doctor.

When men with sclerosed vessels get badly sick they don't last long.

Never make a snap diagnosis by holding the pulse, acting brisk and confident, and looking wise.

It is best to be very formal, reserved, and dignified with the next-door neighbors—"Familiarity breeds contempt."

There are many people who are half-sick and half-full most of the time. You can tell them by the feeling of the vessels in the wrist.

I knew an M. D. to lose his prestige by calling appendicitis neuralgia of the stomach; had he kept still he would have lost nothing.

But talking of fools, the worst sample in that line is the doctor who tells his patient everything he is taking and how it is supposed to act.

If called to a patient with fever and the nature of the fever is doubtful, and if no one asks you what is the trouble, treat, but volunteer no information.

It does not pay an M. D. to get a social footing with unrefined people; they will be great friends for a time and then it will be all the other way.

Doctor, clothe your practice in mystery, dark as Egypt's night. Say as little as you can, but say what you say with an appearance of positiveness.

He whose face is deeply imprinted with the physiognomy of a sneer is an undesirable patient always unless it is cash, and the patient is a traveling man.

It is not profitable as a rule to have the practice of next-door neighbors that run to the office for every trifle; very soon you may dislike to see them come.

One of the most unwise remarks I ever knew an M. D. to make was after he had examined a case, he, looking perplexed, said: "I must go and read up."

It takes more medicine, patience, and judgment to cure a common cough in a pessimist than to reform a bushel of ills in the one whose mind is well pictured with a roseate imagination.

A doctor is liable to make his worst blunder by saying when the mother is alarmed: "Oh, there is nothing much the matter." Set it down that a mother's alarm is not meaningless.

When a patient's pains are the kiama of his own follies, when you tell the truth to him he will know it is the truth, but ten to one he will remark to his cronies that you are not much of a doctor.

"The chief delusion of the pro-surgical gynecologist of to-day is that if he removes the diseased organ or rather organs the patient must perforce be cured. This is a delusion that narrows his usefulness and leads him to perniciously clear out the female pelvis. Be first sure that good treatment, coupled with correct living, has prepared the patient so that an operation will cure."—*Peoria Med. Jour.*

Medical Inspection of Schools.

In Boston, New York, and Chicago, the system of medical inspection of the public schools has proven a most satisfying procedure. It has largely driven disease from the schoolhouses and saved the lives, doubtless, of many children. Contrary to expectation, the system has passed the stage of a "fad," as some

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were pleased to term it, and it is now recognized by a large proportion of the patrons of the schools as a most beneficent innovation.—*Peoria Med. Jour.*

It is a forerunner of the frequent medical examination of all citizens, that disease may be anticipated and prevented; and that will be near the time when the entire warfare against disease will be a public function and all physicians, sanitarians, and nurses will be salaried public employés.

New Ideas.

A Postal Currency.

Unique Proposition Which Congress has Before It

FOR USE IN MAILS.

Money Can Be Transformed into Indorsable Checks.

A unique feature in congressional legislation this winter is presented in the promotion of a postal currency. The system has the approval of many officials, and is endorsed by a long list of manufacturers and business houses throughout the country. Publishers and farmers are especially interested, in that the new currency promises an easy way for a man in the country to promptly send remittance for his favorite publication. Under the present inconvenient money order system the individual desiring to send a small sum of money through the mail is met by the necessity for a time-killing journey to the post office to obtain safe money. This sets up a barrier to the prompt transaction of business and results in much loss from the fact that many people never carry out their original intention to subscribe or purchase. The need is for money in the hands of the people that can be safely and instantly sent by letter.

The provisions of the "post check" currency bill, now before Congress, introduced in the Senate by Mr. McMillan, and in the House by Mr. Gardner of Michigan, provides for printing the one, two and five dollar bills in the future with blank spaces on the face. These bills, of course, pass from hand to hand before the blanks are filled. When it is desired to send one in the mails the blanks are filled in with the name of the payee, his city and State, a 2-cent postage stamp is placed in another blank space and canceled with the initials of the sender in ink, the name of the sender is signed on the back, and, presto! his money has suddenly ceased to exist as currency and has been transformed into a check on the United States government, having all the safety of any bank check, and ready for inclosure in his letter. When the payee receives this check he treats it just as he would any other check—indorses it, goes to the nearest bank or post office and deposits it or has it cashed.

The paid check finally reaches the Treasury Department, when it is replaced by a new one with the spaces unfilled. This keeps the circulation at par. No change whatever is made in the financial policy of the government, the only change being in the character of the printing on the bills of five dollars and under.

The bill also provides for the issue of $75,000,000 of fractional currency, with blank spaces similar to the larger denominations, in place of an equal amount of money of larger denominations, presumably twenty and fifty-dollar bills. The provision under the new system for a continual reissue insures clean money both in the fractional currency and in the larger bills. The government fee on the five, ten, fifteen, twenty-five and fifty-cent pieces is to be one cent each.

BUSINESS ADVANTAGE.

Perhaps in no better way can the reader come to understand the pressing need for postal currency than to recall the times without number when he himself has been desirous of sending a small sum of money through the mails with safety. Always in such cases comes up the barrier, and only the persistent one will carry out his purpose by using stamps, coin placed in holes in pieces of pasteboard, or risking loose money. The average person will not expend the valuable time required for the journey to the post office for a money order. Only the pressure of necessity in the absence of a simple convenient system brings to the money order system its present patronage. Statistics show that from ten to twenty times the number of letters received by business houses, publishers, and others who do a large business through the mails, contain stamps, loose money or some other representative of money, than contain money orders, a clear enough mark of the disapproval of the public.

While it is not thought that, if adopted, the proposed system would entirely supersede the money order system, because for amounts over $50 the money order would be slightly cheaper, it is thought by the advocates of the pending bills that such a system of post checks would prove a great convenience to those desiring to send small amounts of money through the mails, and would result in gain to merchants, publishers, and business firms who now receive such remittances in the form of stamps (often torn and mutilated), drafts on small banks, or loose coin in letters—always a temptation to postal employes, All these forms of remittance entail some loss, in many cases to the receiver, and to that extent, perhaps, a creditor is unjustly defrauded, innocently it may be, by the debtor. Under the new system these troublesome and unfair methods of making remittances would be done away with, owing to the simplicity and convenience of the post checks, and the cost of sending the remittance would be placed where it properly belongs—with the sending debtor or the person making the purchase.

ALWAYS AT HAND.

The main difficulty with the present money order system is that less than half the post offices in the country are money order offices, and even at these such evidences of money can only be obtained at the expenditure of much time and trouble and during certain specified hours. With a post check note in his possession, one has but to fill in the blank spaces for the purpose, attach a postage stamp, cancel it, enclose in an envelope, place in a mail box, and the transaction is finished.

Unquestionably the intent of the postal authorities is to extend and increase the usefulness and

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popularity of the rural free delivery service. The adoption of the post check notes will afford a most convenient and safe money for the agricultural communities, to whom banks, with their facilities and safeguards, cannot be utilized with convenience. It is claimed by those who have investigated the subject, that the revenues of the Post Office Department wouid be very materially increased by the adoption of the post check system.

Congress can best judge of the wants of the people by direct word from them. It is difficult to secure legislation of this sort, involving a departure from present methods, unless there be a pronounced demand by the people. Postal Currency can be secured if those whom it would beenefit *will write personal letters to their Senators and Representatives* in Congress, asking them to favor and work for the McMillan-Gardner Post Check Currency Bill.—*Evening Star, Washington, D.C.*

Dishonest Substitution.

There is a drug store in New York that has this over its door: "We give you just what you ask for."

One business man devotes all his energy, his money and his time to building up the reputation of a certain article. He enables the retailer to make a large profit, and he spends his money that customers may be plentiful. When a physician prescribes the article in question it is dishonest to say to him, as many do: "Don't buy that. We have something else just as good and much cheaper." It is ungrateful as well as dishonest for the sake of a little extra profit to cut into the legitimate business of the advertising manufacturer.

"Incidentally the patient also is interested in this question of substituting one article for another. That which is represented as 'just as good' is *not* just as good, but very far from it. If a man has spent a million dollars building up the reputation of a certain article, it is to his advantage to keep up the quality of the material which enters into the manufacture of that article. It would be suicide for him to use inferior material for the sake of a little extra money. The man who makes up an imitation article and announces it as 'just as good' has no such sum at stake. He has invested nothing. He has no valuable name to ruin, and it is to his interest to make the 'just as good' article *just as cheap* as he can make it.

"The physician should remember these facts and put his confidence in that retailer who gives to the customer *just what he asks for*."

A child swallowed a round whistle about the size of a quarter-dollar. A neighbor who dropped in advised the mother to give him the unbeaten white of egg, telling her that it would form a coating around the object, which would be carried off through the bowels. This proved true. The same mother afterward had a bristle from her toothbrush lodge in her throat, causing annoyance and irritation. After trying in various ways to dislodge it she thought of the white of egg, and in a little while the offending bristle had disappeared.—*Good Housekeeping.*

Now in spring is the time your consumptive patients should start to gain by the timely enjoyment of life in the pure open air and the use of McArthur's Syrup of the Hypophoshites of Lime and Soda. Sample and literature free from McArthur Hypophosphite Co., Ansonia, Conn.

Electricity gives an account of two operations that have been performed by means of two powerful electro-magnets (after radiographic location of the foreign bodies), introduced through tracheotomy openings, whereby nails in the bronchi of children were successfully removed. The method is ingenious, and, we believe, entirely novel.—*D. and H. Gaz.*

The old reliable Freligh remedies, the Tonic, the Rheumatism Remedy, and the Liver Medicine. Samples for a ten-days' trial will be supplied free by addressing I. O. Woodruff & Co., 97 Reade St., New York. Mention MEDICAL COUNCIL.

In Zululand, when the moon is at the full, objects are visible at a distance of seven miles. By starlight one can read with ease.

Thermol has proved to be a wonderful agent in the treatment of typhoid fever, pneumonia, and influenza. For $1.00 sample supply and a one-minute high-grade thermometer, send $1.00 to the Liberty Chemical Co., Phila., Pa.

When the physician is wrestling with the problem of maintaining a patient's strength in typhoid fever, pneumonia, etc., he should not overlook Nutrient Wine of Beef Peptone, a preparation presenting the entire digestible substance of fresh lean beef in absorbable form. This article, which is made by Armour & Co., Chicago, is the most palatable and nutritious liquid food offered the profession, and serves admirably in all cases where it is necessary to keep up nutrition without taxing the digestive organs. Nutrient Wine may also be used to advantage in that large class of stomach troubles that the average physician meets daily.

For fine buggy-cases, saddle-bags, hand-cases, pocket-cases, address Western Leather Co., 43 Wabash Ave., Chicago. Mention COUNCIL.

Acetylene vs. Electricity.

At the entrance to the harbor of Genoa, Italy, there is an acetylene lighthouse, which has been established two years. In that time many experiments have been tried which go to prove that it is superior to electricity. There is one of this type at Tino, forty miles from Genoa, which cannot be seen from there, whereas the acetylene is plainly visible; the latter is by far the cheapest, costing only $250 per annum, against $5,000 for electricity.—*Scientific American.*

The really great manufacturers of Static Electric and X-Ray apparatus in the United States are R. V. Wagner & Co., 308 Dearborn St., Chicago. Their Mica Plate Machine is superb. Write for catalogue. Mention MEDICAL COUNCIL.

A doctor may throw away his cigar or put his pipe in his pocket before entering the patient's room, but her ipecac headache is much aggravated by the smell of dead tobacco smoke, and she says to her aunt: "Don't let that man in here again when I have one of these headaches or I shall be sick all over the bed."—*Diet. and Hyg. Gaz.*

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THE

Medical Council

A MONTHLY JOURNAL FOR THE PHYSICIAN AND SURGEON.

"WE FIND WISDOM AND STRENGTH IN COUNCIL."

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A Seasonable Suggestion.

It is a well-established fact, though not so well known, that life may be prolonged fully ten years by residence in a southern clime where the temperature is quite uniform throughout the entire year. The strain of winter weather ages people rapidly as soon as they reach a certain degree of feebleness. Who has not observed the difference from fall to the following spring in many individuals of advanced years, during which time they age so perceptibly that it is readily noticeable by anybody, so much so that it is remarked upon all sides, even by the affected individual himself. This is due simply to the inability of the weakened organism to withstand the strain of the winter. Persons thus affected grow weaker with each winter's return, and are soon also visibly affected by the hot summer months thereafter, thus presaging a relatively near end.

Winter being a strain upon the aged organism, it follows that the avoidance of its vicissitudes has a saving effect upon the organism. It also follows that if winter is so great a strain, it must be met by increased metabolism. It requires the ingestion of larger quantities of highly nutritious foods, and their digestion and absorption, as well as the subsequent elimination of effete material. A failure in any of these steps is more or less disastrous by omission or commission. Again, it follows that with the advent of milder weather the strain becomes less, and there is a diminished requirement for food and the labor entailed in its proper disposition.

In our climate the change from winter to late spring is quite sudden, and the dropping off in the food requirements is equally as abrupt. But man is largely a creature of habit, and does not lessen his food-supply as readily as his necessities often require. Many individuals complain of lassitude, lack of ambition, and a general care-for-nothingness about everything in the spring of the year, and straightway imagine themselves sick. Doctors often make the same mistake, being guided by their patients instead of common sense, and the knowledge of medicine. If, during the sudden advent of milder weather, people complain of lassitude and diminished, or loss of, appetite, it is merely Nature's adjustment of the organism to changed conditions. Abstention from eating until the desire for food returns, and the use of Epsom salts or some corresponding hydragogue once or twice, will certainly materially

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serve to make patients, under these circumstances, as comfortable as they can desire to be. The customary so-called spring medicine, which is usually some active laxative, has, therefore, good reason for its being. It seems to us that the problem here is to temporarily stop the ingestion of food, particularly of a highly nutritious kind, while active elimination is provided for a day or two so that the system may get rid of the accumulated effete material that is likely to remain and cause trouble under the condition of diminished functional activity. After this has been eliminated, the patient feels relieved of a burden, his appetite returns, and he feels better than ever.

Suture of Wound of the Heart.

Another case has been reported by Dr. Geo. Tully Vaughan, of Washington, D. C., in the *Virginia Medical Semi-Monthly* of March 7, 1902, of a case of suture of a stab wound of the heart. Embodied in this paper is a table of 24 cases, including Dr. Vaughan's, to which he adds four additional ones reported since writing his own. "These," he says, "make the total number of cases of heart-wounds suture 29, with 11 recoveries and 18 deaths." The sum total of experience in these reported cases is that wounds of the heart so severe as to require operation without a moment's delay are usually fatal from loss of blood, for in some there is not even time to prepare properly for the intravenous injection of saline solution, as was the case with Dr. Vaughan's patient. The cases operated upon later are more favorable than the others as showing less dangerous wounds for not having already died of hemorrhage by the time the operation is begun. The other dangers are those due to local infection, to which these cases are usually liable because of the defective antisepsis that naturally results from the necessarily hurried operation. The subject is a promising one, and it is probable that the mortality will be very much reduced with a better understanding of the conditions necessary during such an operation. We have learned, for instance, that at the same time that preparations are made for operation, and while this is in progress, some one else should be at work preparing for giving the patient an intravenous injection of saline solution to make up the inevitable loss of blood.

On the Care of the Naso-Pharynx in Infants.

In a paper devoted mainly to this subject, but under a different title, in *American Medicine* of March 8, 1902, Dr. Justus Sinexon, of Philadelphia, calls attention to the neglect of the mouth and naso-pharynx in infants at birth, and for some time afterwards. He credits Dr. Jacoby with having been the first to call attention to this neglect, and attributes most of the nasal troubles of early childhood to infection from the discharges that the child is permitted to draw into the upper respiratory passages during, or immediately after, labor. From the moment the child's mouth and nose come to view, these should be so guarded as to prevent all possibility of inspiration of liquids. They should receive the same attention as regards cleansing as is given to the eyes. The foundation of many a catarrh is laid at this period, and developed during subsequent months from neglect. The nasal pasages in an infant should receive prompt attention, the main indication being cleansing of the parts with a mild antiseptic solution, and the avoidance of all local irritations. The practice of many people of attempting to

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shape the nose of a newborn child is apt to bruise its delicate structures, and lead to pathologic changes that require operations in later life. A subacute or chronic rhinitis, with incident swelling of the lining membrane of the nose, and the deposition thereon of dried mucus, so narrows the nasal canal that mouth-breathing is the inevitable result, carrying with it its many undesirable effects. Mouth-breathing in children is, therefore, by no means always due to adenoids.

Attention is also called to the common practice, with most people, of picking the nose with the fingers. This is objected to on the ground, aside from its unsightliness, of its being apt to injure the delicate intra-nasal structures, with ensuing infection and resulting catarrh, usually neglected until it becomes practically incurable, at least by the general practitioner. He suggests what he considers, and what seems to be, a much more desirable procedure, as follows: "When it can be employed, a mixture of aqueous extract of hamamelis, cinnamon water and rose water in equal parts, to which has been added two to four grains of boric acid to the ounce, will be found both pleasant and beneficial. About one-half an ounce of this mixture added to an equal quantity of warm water may be drawn from the hollowed palm of the hand through the nostril and expectorated. Such daily treatment of the naso-pharyngeal mucous membrane would, in a comparatively short time, lessen to a great degree the number of intra-nasal operations." This latter we consider very good advice, and would add that the doctor suggests that this be done at the same time that the brush is used upon the teeth.

Every physician should keep a written record of every case. Besides training him in accurate observation, they are valuable in subsequent treatment of the same patients, and finally become part of the physician's capital which makes him necessary to those people.

Rheumatism vs. Tuberculosis.

The conclusion has often been drawn from very limited clinical observation that these two pathologic conditions are incompatible and do not often exist together. No explanation has been advanced that we have seen.

It occurs to us that, if the observation is correct, the following line of thought may suggest the explanation:

In tuberculosis there has been demonstrated to be a deficiency in leucocytosis—the leucocytes are greatly reduced in numbers and activity from the normal. Hence, besides the employment of chemic antiseptics to destroy tubercle bacilli, the most successful methods of treatment have proven to be those that raise assimilation and nutrition to the very highest possible point, such as liberal diet rich in proteid-bearing foods, rest, and the employment of artificially-prepared concentrated nuclein and proteid preparations. Thus the leucocytes, the natural and efficient enemy of the bacilli, are brought up to their normal proportions and efficiency, and if the patient is not too far gone, the progress of the disease is checked and the existing lesions are healed.

On the contrary, in rheumatism and gout—the so-called uric-acid diathesis—leucocytosis is excessive, and a process of elimination is the successful line of treatment—by reducing the meat and yolk-of-egg diet, by free water-drinking, by exercise and depleting hot baths and sweats, and by the administration of alkalies, iron, and arsenic—treatment in general that tends to increase the proportion of red blood-cells.

Certain other elements of treatment are for obvious reasons beneficial in both these extreme conditions, and are not necessarily incompatible with the theory

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under consideration—treatment tending to correct any abnormality of the digestive function, and also that which promotes complete oxygenation of the blood, as well as treatment promoting normal removal of waste through the natural emunctories.

We make this brief mention of this as yet crudely-developed theory, asking our readers to take it up and make extended observations, applying not only to individual patients, but to family histories as well, and to report their observations in refutation or confirmation of the theory.

Santonine in Epilepsy and Ataxia.

This drug, hitherto employed only as an anthelmintic, is now highly recommended by Lydstone in *Medical Times* as a symptomatic remedy superior to the bromides in the treatment of epilepsy, in doses of two grains three or four times a day, gradually increasing to fifteen grains, and for the fulgurant pains of locomotor ataxia, in doses of two grains four times daily. This suggests the probability of its usefulness in other disorders of the nervous system. It must not be pushed, to full physiologic action—weakness· tremor, perspira tion, colored vision, etc

Macaroni as a Food.

It is not well known that macaroni is one of the most nourishing vegetables that can be used. This is because it contains such a large quantity of vegetable nitrogen or gluten. It should be much more used than it is. Very ripe wheat is needed to make a good article, and this is what is used in the better grades of this food. Physicians should bear this in mind in ordering the dietary of their patients. Its nutritious value is still further increased by the concomitant use of grated cheese.

On Voluntary Human Vivisection.

Medical journals and some lay publications have, for the past few months, made mention of a doctor in Brooklyn who offered to submit himself for one year to such vivisectional experiments as any other doctor, or number of doctors, might desire to make upon him. The district attorney announced that he would prevent this, or at least would prosecute those who would attempt it. This offer of the doctor's has been generally referred to as a would-be-martyr spirit, and there have been mild suggestions that such action is not needed, could serve no useful purpose, but certainly would prove derogatory to the scientific pursuit of the study of medicine, particularly in experimental lines. It seems to us that this man does not show a martyr spirit, nor is it the proper course for the district attorney to threaten action in the criminal courts. It seems more sensible to us to look upon this offer as an advertising bluff, and a stupid one at that, or else that the man is morbid, and might very properly be placed in a lunatic asylum until he recovers his common sense, if he ever had any. Many of these sentimental ebullitions are taken seriously when they merit a smile and a shrug of the shoulders and indifferent silence.

Arsenic in Superficial Cancers.

P. Lassar, in *Berl. Klin. Woch.*, reports several cases of epithelial cancer cured by the internal administration of arsenic. This is not entirely new, as the specific effect of arsenic upon the skin is well known.

Doctor, look over your case books and report to THE COUNCIL your observations and deductions. They will help others in similar difficulties.

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Original Articles.

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Constipation and Its Treatment.

By FRANCIS LEE THURMAN, M. D.
Keswick, Va.

Among women, nothing plays a greater *role* in their weal or woe than constipation. In my experience in practice, two-thirds of the women in the land are in degree constipated from moderate costiveness to the extreme and incredible condition of an action in ten days.

Causes.

By far the most frequent cause is habit. Going back of habit and hunting a cause for the habit, I would say that, in my opinion, the unattractiveness of the water-closet is the most potent factor in this cause. Let a water-closet be cold, damp, odorous and out of the dwelling, and not one woman in ten will have the moral courage to obey the first call of Nature in winter. One, yea even one, disregard of that summons starts a train of results that only the experienced physician knows too well. As regards other causes, mention might be made of what the laity call "torpid liver," imperfect secretion of bile, or, if sufficiently secreted, a catarrhal condition or other obstruction to the outflow of bile, thereby lessening the supply to the intestines. And lastly, not to go into minor details, inadequate muscle-tone in the intestinal walls, thus rendering the peristaltic movement imperfect and stagnation in the intestines of fecal matter.

Results.

Even in moderate costiveness some change in physical condition may be noticed, such as feeling of heaviness about the head, lack of sense of well-being, disagreeable taste in the mouth, and some impairment (noticeable or unnoticeable) of the faculty for quick, active, energetic mental activity.

Passing from costiveness to constipation the above symptoms would be intensified with probably a marked dullness about the head—often headache—and from this to severe constipation when the results of auto-infection and intoxication are often marked, the results of which seem only dependent upon a peculiar personal equation, differing largely with the individual attacked. Often in the severer forms the large intestines become greatly dilated and the nerve-tone is so abolished that peristaltic movement—the *vis a tergo*—which causes evacuation through muscular power, is completely destroyed.

Treatment.

For the milder forms of costiveness I recommend no medicine whatever, nor have I found any necessary where the patient proved sufficiently in earnest in these simple cases to follow instructions. And right here is one of our hardest fights, to make a slightly-sick patient view her case seriously enough to take the necessary precautions to prevent a more serious one following. My first instruction is a cultivation of regularity in habit—"Go regularly to the same place at the same time each day"—and the patient of careless habits will be surprised what difference the simple observance of this rule will make. To aid this, the diet should be as largely vegetarian as the market will afford, supplemented by the use of plenty of nice ripe fruit. Exercise is a factor which must, by no means, be overlooked, as I deem it one of the most important factors in keeping up the necessary peristaltic wave in the muscular coats of the bowels.

For the more serious cases all the above instructions are necessary and to them I would add the habit of drinking, both at bedtime and on arising, copious draughts of fresh limpid water. This removes the mucus coating the stomach and allows food, when taken in, to come in direct contact with the digestive and absorptive cells of the stomach-walls. And last, but not least, through Auerbach's and Meisner's plexus of nerves starts a peristaltic wave which, in the healthy subject, continues its movement to the rectum

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In addition, I find it necessary often in the beginning of treatment to give a combination of aloin (1-5), strychnine sulp. (1-60), and belladonna ext. (⅛), from one to two pills a half-hour after each meal, according to the exigencies of the case, reducing gradually as the case progresses to one twice a day (morning and night), then to one after supper, and finally stopping any and all. A valuable adjuvant of this is active massage before retiring.

In the very severe cases, where dilatation of the large intestine has become so great, particularly around the sigmoid flexure, that no responsiveness of the muscular power is possible, the case passes into the realm of surgery, and resection of so much of the intestine as is irredeemable, is the *dernier ressort.*

Perineal Lacerations in Country Practice.

By H. H. WILSON, M. D.
Stockbridge, N. Y.

Inasmuch as a woman's health is in large measure due to the integrity of her generative organs, it is our aim to prevent, as far as possible, anything that will cause a deviation from the normal.

We all know how an old perineal laceration will produce, in time, cystocele, rectocele, prolapse of the womb, and disorganization of all the organs in the pelvis by withdrawing the support of the pelvic floor.

These lacerations, whether superficial, moderate, or deep, are due to a variety of causes, generally a large head, a rapid second stage, or the forceps are accountable for the condition.

In most cases this can be avoided by holding back the presenting head, allowing it to come down on the perineum, then holding it back again, repeating this as often as necessary until the parts have sufficiently dilated to allow it to pass. By watching carefully during this operation, we can tell pretty accurately when the tension has become too great, as the perineum will become white and bloodless. Then, by pressing back the head for a moment, we relieve the dangerous strain.

It is preferable to have the patient in the lateral position when both hands can be used to advantage, as the force with which the head descends sometimes requires the strength of both hands to control.

When the perineum will not dilate sufficiently to allow the head to pass without tearing, a double episiotomy will frequently give the desired room, and the integrity of the parts be preserved. Some will say, "Why more harm in a perineal tear than in two episiotomy incisions?" For two reasons at least. The incisions heal more readily because of their position, and because a perineum once torn is more prone to tear again in following confinements.

The operation of episiotomy does not result in injury to surrounding parts when properly performed. The incisions are made on each side of the vulvar opening through the tense ring felt half an inch above the border of the vulva. These incisions must be made parallel with the axis of the vulvar opening. They may be made with a pair of blunt-pointed scissors or a blunt-pointed bistoury, and should be a quarter of an inch deep and an inch long.

When we have a moderate laceration, or when episiotomy incisions have been made, immediately after delivery one or two sutures should be inserted, and the surfaces of the wounds drawn closely together. If it is done at this time little or no pain is felt owing to the numbness of the parts.

Forcible instrumental deliveries are probably the cause of many of the deep complete lacerations involving the rectal wall. This, too, can generally be avoided by care. Sometimes, when the life of the mother or child or both is at stake and every second is precious, we cannot wait for the perineum to dilate and the surrounding parts to adjust themselves, and it is in these cases that we get our deep lacerations.

The restoration of the parts when in this condition is a more serious matter, and for many reasons cannot well be un-

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dertaken at this time. The patient is exhausted before we begin; generally there is such a flow of blood that our work cannot be satisfactory; and afterward the irritation caused by the lochia will prevent healing, and promote sloughing.

It is far better practice, in such a case, to wait three weeks or a month until the lochia have ceased, in the meantime keeping the wounds clean by frequent carbolic douches, and then doing a repair operation and complete perineorraphy.

As routine practice there is nothing superior to creolin solution as a wash for the vulva, and it should be used several times each day.

Vulvar pads of gauze and absorbent cotton should be used and changed very frequently.

Headaches---Their Treatment.

By JOHN RANDOLPH, A.M., M.D.,
Surgeon to Buckingham Slate Quarries,
Arvonia, Va.

In *Nervous Headaches* give a saline cathartic and the following:

℞ Sodii bromidi,
Ammonii bromidi . . . . . āā ʒiij
Elixir ammonii valerianate . . . . ʒiv
M. Sig.—Take a teaspoonful in a tablespoonful of water every hour until relieved.

In *Headaches Associated with Anemia* I prescribe:

℞ Strychniæ sulph. . . . . gr. j
Liq. Potass. arsenit. . . . . ʒj
Tinct. ferri chloridi . . . . . ʒj.
M. Sig.—Take ten drops in two tablespoonfuls of water two hours after each meal.

In *Headaches with Weak Heart* I give:

℞ Powd. carb. ammonia,
Powd muriate ammonia . āā ʒij
Tinct. cimicifuga . . . . . ʒj
Tinct. digitalis . . . . . gtt. cxcij
Tinct. nux vomica . . . . . gtt. lxxxviij
Simple syrup,
Peppermint water . . . . āā ʒj.
M. Sig.—Take one teaspoonful in two tablespoonfuls of water two hours after each meal.

If there is *Hypochondriasis* and depression of spirits, use:

℞ Ext. belladonna,
Ext. nux vomica . . . . . āā gr. iij
Ext. hyoscyamus . . . . . gr. xxiv
Powd. camphor . . . . . gr. xxx
Ext. cannabis Indica . . . . . gr. xij.
M. Div. in pil. No. xii.
Sig.—Take one pill at bedtime; repeat in several hours thereafter, if necessary, to produce sleep.

In *Sick Headache* give ʒj of fld. ext. of guarana, in water, every fifteen minutes, until six doses have been taken.

In *Malarial Headache* give quinine in 5-grain doses, every two hours before the expected attack. If quinine fails, try the foliowing:

℞ Quinia sulph. . . . . gr. xij
Phenacetin . . . . . gr. xxiv
Bromide soda,
Citrate caffein . . . . . āā gr. xij.
M. Put in xii capsules.
Sig.—Take one capsule every two hours until reileved, then one three times a day.

If the trouble still continues, take this:

℞ Fowler's solution . . . . . gtt. cxx
Tinct. belladonna . . . . . gtt. xcvj
Tinct. gelsemium . . . . . ʒss
Elix. valerianate ammonia . . . ʒiij.
M. Sig.—Take one teaspoonful in a tablespoonful of water two hours after each meal.

Gouty Headaches may be combatted by the following:

℞ Vinis colch. sem. . . . . ʒiij
Ammonia bromidi,
Powd. iodid potassium . . . . . āā ʒij
Bromide lithia . . . . . ʒss
Syr. zingiberis . . . . . ʒss
Cinnamon water . . . . . ʒvj.
M. Sig.—Take a teaspoonful in one-third glass of lithia water every two hours.

For *Syphilitic Headache* use blue mass or calomel in 1/8th to 1-6th grain doses every hour for two or three days, and also:

℞ Powd. iodid potassium,
Powd. muriate ammonia . . . . āā ʒss
Comp. syr. sarsaparilla . . . . . ʒiij.
M. Sig.—Take one teaspoonful in one-third of a glass of water three times a day.

Or, in place of the blue-mass-and-calomel treatment, take:

℞ Bichlor. hydrargyri . . . . . gr. j
Powd iodid potassium . . . . . ʒss
Comp syr. sarsap. . . . . ʒiij
M. Sig.—Take one teaspoonful in a tablespoonful of water two hours after meals.

Uremic Headaches require hot bath as the best measure to excite diaphoresis; or, in lieu of the bath, use large hot-water bags over the region of the kidneys. If bags cannot be obtained, use hot-mush poultices. Give the following internally:

℞ Acetate potassium,
Citrate potassium . . . . . āā ʒss
Infus. digitalis . . . . . ʒiij.
M. Sig.—Take one teaspoonful in one-third of a glass of water three times a day.

Use a saline cathartic if the above fails to relieve the headache.

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Sometimes I use, with great benefit:

℞ Citrate caffein . . . . . gr. xxiv
Put in XII capsules.
Sig.—Take one capsule every two hours, followed by a gill of Holland gin well diluted with water, until the kidneys act very freely. Then reduce the capsules to one three times a day, followed by the gin three times a day.

The caffein and gin are the surest treatment I ever used. As a drink, the old-fashioned bitartrate of potassium, ʒj to aquæ Oij, drank during the twenty-four hours, is excellent.

Headache of Cerebral Effusion: Give saline cathartics first, then the tincture digitalis and acetate potassium mixture mentioned above.

For *Rheumatic Headache*, use:

℞ Salicylate soda . . . . . ʒij
Powd. bromide potassium . . . . . ʒss
Powd. iodid potassium . . . . . ʒss
Powd. muriate ammonia . . . . . ʒij
Tinct. cimicifuga racemosa . . . . ʒjss
Vini colch. sem. . . . . ʒss
Simple syr. or comp. syr. sarsap. . ʒjss
M. Sig.—Take one teaspoonful in two tablespoonfuls of water three times a day.

In *Acute Alcoholic Headache*, give saline cathartics first to clean the bowels of all offending material, then prescribe:

℞ Powd. bromide potassium . . . . . ʒss
Chloral hydrate . . . . . ʒij
Tinct. hyoscyamus . . . . . ʒij
Elixir valerianate ammmonia . . . ʒiij.
M. Sig.—Take one teaspoonful in a tablespoonful of water every hour until the headache is relieved.

The following is also useful:

℞ Arom. spts. ammonia,
Hoffman's anodyne . . . . . āā ʒij
Tinct. camphor . . . . . ʒjss
Tinct. hyoscyamus . . . . . ʒijss
Bromide soda . . . . . ʒiij
Comp. spts. lavender . . . . . ʒij.
M. Sig.—Take one teaspoonful in two tablespoonfuls of water every hour until relieved.

For *Dyspeptic Headache* the following is admirable:

℞ Bicarb. soda . . . . . gr. lxxij
Dil. nitro-muriatic acid . . . gtt. lxxij
Tinct. nux vomica . . . . . gtt. xlviij
Comp. tinct. gentian,
Glycerine . . . . . āā ʒjss.
M. Sig.—Take a teaspoonful in a gill of water one hour after each meal.

[Please note the chemical reaction between the first two ingredients of this formula.—ED.]

In cases of very bad digestion I use:

℞ Fairchild's essence pepsin . . . ʒiv
Tinct. nux vomica,
Dil. nitro-muriatic acid . . . āā gtt. clx
M. Sig.—Take two teaspoonfuls in a wineglassful of water one hour after each meal.

Where there is *pyrosis* in bad form, give:

℞ Subnit. bismuth . . . . . gr. xv
Powd. willow charcoal . . . . . gr. x
Bicarb. soda . . . . . gr. v
Lactopeptine . . . . . gr. x
Powd. rhubarb . . . . . gr. v
Powd. ginger . . . . . gr. vj
M. Make into one powder.
Sig.—This quantity to be taken in half a glass of water well stirred up, half an hour after each meal.

Headache of Cerebral Congestion requires:

℞ Bromide soda . . . . . ʒj
Norwood's tinct. veratr. viride . gtt. xxiv
Syr. zingiberis . . . . . ʒss
Aq. aurantii flor. . . . . ʒijss.
M. Sig.—Take a teaspoonful in two tablespoonfuls of water every two hours.

A Disappointing Footling.

By P. T. B. SHAFFER, M.D.
Elizabeth, Pa.

It has been my good fortune to deliver a living baby, in most of my cases of foot presentation, by rapid delivery of the head; but this one disappointed me and proved unusually difficult.

On the morning of March 31st I was called to attend Mrs. ——, æt. 30 years, primipara, who had been suffering with diarrhea for about a month. Says she ceased to menstruate August 4th last—239 days. Examination revealed an os not quite fully dilated, and pains of a moderate character.

I had all things made ready, and at 5 A. M., finding left foot presenting, I ruptured the membranes and proceeded to bring down the right foot, but to my chagrin the pains did not seem to advance the labor. Traction was used with increasing force and the resistance was not overcome. Examination of the fetus over the abdomen discovered a submaxilla; over the side, the same result. I felt positive that it could not be interlocked heads of twins, for thus it is

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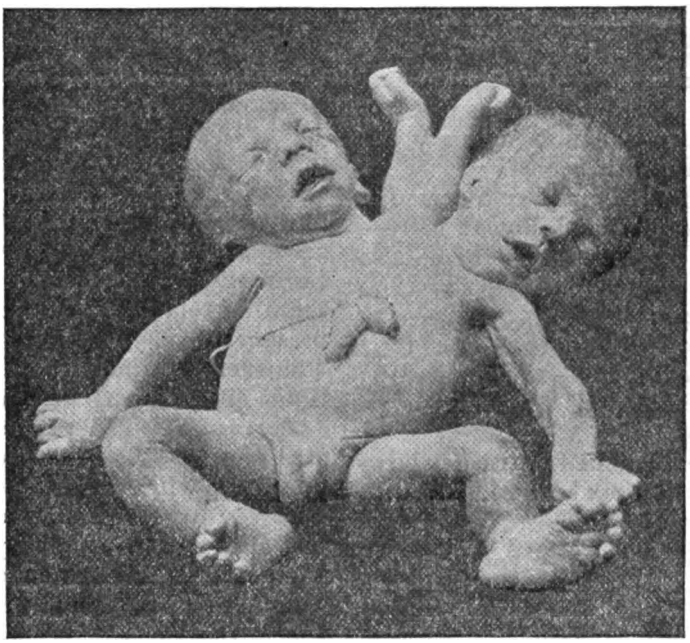
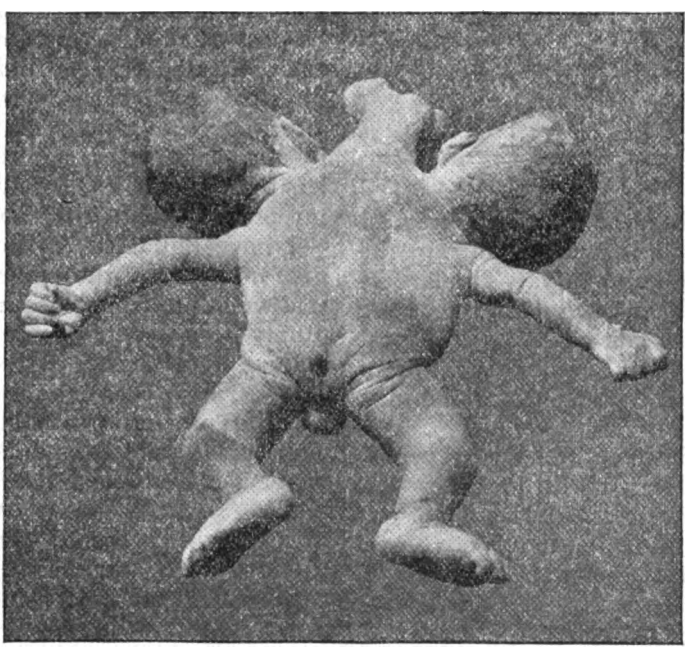
hardly possible to discover two maxillæ, and the uterus was too small to contain a fetus of the size of the one in the canal. I introduced my finger into the mouth of the head in the sacral cavity and rotated the body, bringing down the face, when the other head slipped through the pelvis without trouble.

The baby or babies (?) were alive at the beginning of labor, but the protraction of delivery—until 6 A. M., or one hour—smothered them in the usual way.





The weight was six pounds ten ounces, and the accompanying photographs, by Golloway, will serve better than any description that I can give.

A Report of 451 Cases of Confinement at Full Term, from January 1, 1883, to December 31, 1901.

By WALTER J. CREE, M. D.,
Detroit, Mich.

A paper that is statistical in nature is usually of more interest to the writer. Realizing this fact, I will be as brief as possible, and in conclusion state my object in presenting this report.

The cases reported embrace a period of 19 years, and occurred as follows: 1883—6; 1884—2; 1885—13; 1886—28; 1887—34; 1888—36; 1889—28; 1890—40; 1891—40; 1892—35; 1893—32; 1894—22; 1895—14; 1896—20; 1897—22; 1898—22; 1899—20; 1900—16; 1901—21. Total, 451. A yearly average of 23 *plus* (23 11).

I have further classified the cases, showing the number and sex born each month, as follows:

	Sex.		
	Male.	Female.	Total.
January	16	25	41
February	21	15	36
March	24	26	50
April	23	15	38
May	16	12	28
June	15	25	40
July	20	29	49
August	25	15	40
September.	21	18	39
October	12	19	31
November	15	18	33
December	11	15	26
Total	219	232	451

It will be observed that the greatest number of cases occurred during the months of March and July. The largest number attended in one year was 40; the least, 2. Total male cases, 219. Total female cases, 232. Total, 451 children. Cases of primiparæ, 119. Cases of multiparæ, 332.

Youngest primipara, 18. Oldest primipara, 35. Contrary to the ordinary expectation, the progress of labor in old primiparæ in my experience has been quite satisfactory. I am also inclined to believe that the nearer a woman approaches the age of 25 the more normal the labor.

Expected Time of Confinement.—As usual, the expected time was noted, but only in a few instances was the date correct, and variations were quite marked, running from days to weeks.

Time of Birth.—A. M., 231: noon, 7; P. M., 203.

Duration of Labor.—4,238 hours; average, 9 plus.

Weight of Children.—Total, 3,543 pounds; average, 7½ pounds.

Position.—Vertex presentations, 431, and of these 412 L. O. A. Of the remaining 19 cases I would not care to state the exact position, as I must confess that it has been impossible at all times to make an exact diagnosis. Several of these cases were occiput posterior, and in one the head rotated on the perineum. Face presentations, 5. Brow, 2. Breech, 9. Transverse, 4, including an arm presentation. Twin labor, 2 cases.

Perineum.—The perineum was lacerated more or less in 49 cases, and nearly all dealt with in the proper manner. The results of primary operation were not always as satisfactory as one would wish, and, when not so, a secondary operation was advised, and sometimes obtained. I believe that the primary operation is not always done with the necessary amount of care, and that it might better be postponed for a few hours, when both the patient and the physician are in better physical condition. It is said that just after labor not much pain is experienced by the patient, especially if chloroform has been given, but I have not found in my practice that this is so.

I have not tried episiotomy and can give no data on the subject, but believe it a very proper procedure. Had episiotomy been done in some of my cases, I believe that fewer perinei would have torn. I have practiced all methods advocated for prevention and had them all fail, and I am looking for advice from one who never had this accident of labor occur.

Chloroform.—Used 57 times. I have no record as to the influence of an anesthetic reducing the chances or preventing rupture, but am sure that it does to a great extent.

Ergot.—Used 70 times. Usually after the second stage, occasionally after the third. I have not used it as a routine practice in late years.

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Quinine.—To promote uterine contraction, has been used 6 times.

Forceps.—High operation, 11 times. Traction-hooks used in a few cases. Low operation, 62 times. Not stated, 15 times. Total, 88.

Hemorrhage.—Post-partum, 1; due to premature separation of placenta, 1. The latter case may be of interest. I quote from my notes: "Mrs. W. H. W., age 20, first pregnancy. During the first stage frequent vomiting and very nervous, controlled by potassium and chloral. Child was nearly asphyxiated, and revived after an hour's work. The evening before confinement the patient jumped over a low fence and 'felt something snap,' as she expressed it. She was faint and very restless. Shortly afterward I was called —when the cervix was about one-half dilated—a profuse hemorrhage occurred. The membranes were immediately ruptured, strong compression made over the uterus, and ergot given. The head firmly engaged, hemorrhage ceased, and delivery soon completed. The child, as before stated, was nearly asphyxiated."

Umbilical Cord.—True knot, 1 case. Shortest cord, 8 inches; longest cord, 42 inches. These were measured on account of their respective lengths, and not as a matter of routine.

Amniotic Sac.—A number of cases of premature rupture are noted, and these did not have any particular effect in producing what is termed "dry labor." I believe that, with few exceptions, the sac should not be ruptured by the finger-nail or instrument.

Inversion of the Uterus.—1 case.

Turning.—Bipolar and podalic version performed in 4 cases, 2 bipolar and 2 podalic.

Placenta Previa.—5 cases; one a central implantation and fatal to the child.

Adherent Placenta.—1 case; a true and not an imaginary one.

ABNORMAL CONDITIONS OF CHILDREN.

Ophthalmia Neonatorum.—1 case.

Gastro-intestinal Hemorrhage.—1 case; recovery.

Umbilical Hemorrhage.—2 cases; 1 death.

Icterus Neonatorum.—1 case; fatal.

Syphilitic Cases.—Not noted.

Non-closure of Foramen Ovale.—1 case; died in a few hours.

Supernumerary Little Finger.—1 case.

Hydrocephalus with Spina Bifida.—1 case; fatal.

Spina Bifida.—1 case; fatal in six weeks.

Bisexual Organs.—1 case; Died of malnutrition in two weeks.

Stillborn Children.—28 cases.

Maternal Mortality.—1 case.

Antiseptics in Midwifery.—It has been my endeavor to keep in touch with everything in this line.

My purpose in presenting this subject is to advocate the keeping of records of important cases, and especially those in which each physician may be particularly interested. It is a very simple matter, taking but a few moments' time if one has printed blanks suitable for the kind of cases to be recorded. At the close of each year a summary is made, and one can tell exactly the number of times chloroform, ergot, or any other remedy has been used, and in fact everything relating to obstetric practice. While these records are not as complete as one might wish, they certainly have been of use to me. At some time in the near future I shall point out some of the more important objects of record-keeping.

In regard to the infant mortality the following might be of interest: Ergot used in five (5) cases of still-birth, and I cannot see that this drug had any untoward effect. Still-births occurred as follows: Hydrocephalus, 1; breech, 2; short cord, 1; transverse presentation, 1; placenta previa (complete), 1; eclampsia, 1; no apparent reason (?) (my earlier cases) 11 cases; large children or large shoulders, 5 cases. A number of these cases occurred where the physical condition of the mothers would hardly warrant giving birth to a live child, they were so run down in health.

I have learned that it takes 100 ones to make a hundred, and the physician, with a few exceptions, who thinks he has a hundred or more cases in a year only *thinks so.*

709 Grand River Ave.

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Physiological, Pathological, and Clinical Data in the Treatment of Bronchitis and Tuberculosis.

By L. H. WARNER, A. M., Ph. G., M. D.
Laboratory 20 W. 34th St., N. Y.

[At a reception of eminent medical men in the parlors of Astor Court, New York City, on March 7, 1902, the subject of Tuberculosis was under general consideration, with papers on its special divisions, as follows:

Dr. Herman J. Boldt on Tuberculosis of the Pelvic Organs.

Dr. Ramon Guiteras on Tuberculosis of the Genito-Urinary Tract.

Dr. A. M. Phelps on Tuberculosis of the Knee-joint.

Dr. Freeman F. Ward on Tuberculosis of the Intestines.

Dr. L. H. Warner on subject as stated above.

Discussion was participated in by Dr. S. A. Knopf, of New York; Dr. W. B. Graves, of East Orange, N. J.; and Dr. T. L. Fogarty, of Brooklyn.

The following is Dr. Warner's paper:]

Being a constant reader and student of all scientific problems and results elaborated in the European scientific laboratories, I became interested in the reports of Seiffert regarding the new combinations of potassium and sodium salts with guaiacol, and directed my efforts to corroborate, if possible, their findings by first experimenting upon the lower animals, and upon sufficient evidence of their therapeutic value to test same in the clinics. The time has passed when we had to rely upon foreign scientists and chemists to supply us with new chemical products, and learning that Dr. W. C. Alpers, of 45 W. 31st street, this city, had succeeded in forming combinations of guaiacol with sodium, potassium, and morphine, naming the products Sodacol, Potassacol, and Morphacol, I addressed him to supply me with a sufficient quantity of each of the new chemicals to test their therapeutic value. My request was most readily granted, and Dr. Alpers did not hestitate to give me the full chemical symbols of his newly-discovered products, as well as the combination of all three, an aromatic pleasant solution, which he has named Triacol.

For my experimentations upon the lower animals I selected guinea pigs, rabbits, and dogs, and the results from these tests permitted me to suggest the use of these new remedies, singly, and also combined, as Triacol, in various clinics and private practice. If we review the large amount of literature at our disposal on the physical and pathological conditions which we observe in all bronchial and phthisical patients, we find that almost without exception antiseptic and tonic treatments are recommended, and as a rule creasote, guaiacol, and ferruginous tonics have been resorted to, not omitting various preparations of cod liver oil.

Most antiseptics, however, possess irritating properties and if given singly, especially in tuberculosis, are likely to further irritate the already inflamed mucous membrane which we find in all tubercular conditions. Again, many antiseptics are never resorbed by the lymphatics, hence cannot be taken up into the blood circulation. To assure such a fact, antiseptics must be combined with the elements which form part of the chemical consistency of the blood as a whole. The principal chemical constituents of the blood are sodium, potassium and phosphorus, hence the rational thought of combining guaiacol with the above elements.

Physiological tests have proven that guaiacol and creasote administered alone, disturb the digestive organs, and the same may be said of quinine and phosphorus, the latter in the form of phosphate salts or phosphoric acid. The administration of guaiacol and creasote is followed by a decrease of both hemoglobin and red cells of the blood, while we note an *increase* in both after the administration of guaiacol sodium (sodacol) or guaiacol potassium (potassacol). Tubercular patients who had shown no marked improvements in their condition, while taking various ferruginous tonics and expectorants, improved rapidly after Triacol, this new combination of three

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guaiacols, had been administered for a short period. A few cases may be cited in detail.

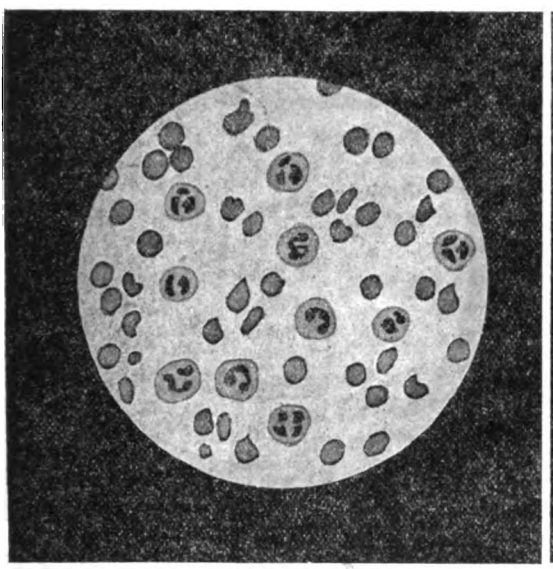
Case 13,492 (N. Y. Charity Hospital). Patient very anemic and weak. Had been troubled with cough for some months past, during which time had consulted several clinics without having any relief. Of late complains about severe pains in head, limbs, etc., loss of appetite, severe cough, and is unable to get any sleep at night. Within last six months has lost 23 pounds in weight. Pulse, 122 per minute; temperature, 103°. Harsh breathing râles over entire left lung. Is placed on triacol two drachms t.i.d. and has good rest at night. Expectoration easy. Within 10 days after triacol medication, appears brighter, appetite returns, temperature reduced, cough less severe, and slight gain in weight.

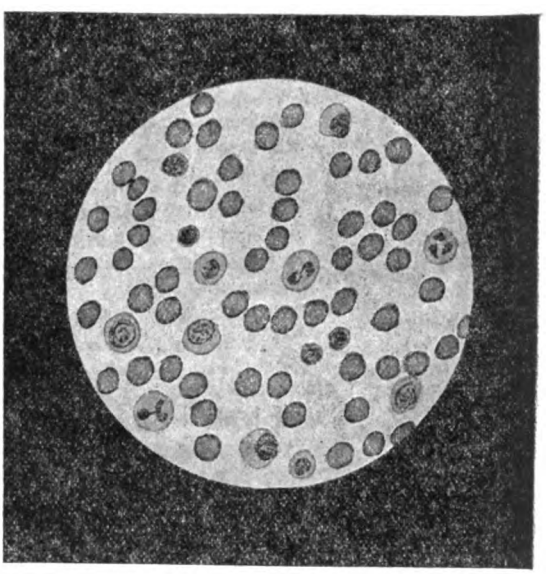
Jan. 20. Hemoglobin, 37%. Weight, 109 lbs.
Mar. 3. Hemoglobin, 57%. Weight, 119 lbs.

Numerical count of bacteriæ shows material decrease. From day to day lungs clear up, pulse is better, temperature normal with slight deviations, appetite good and material increase in weight. The examinations of sputum made from time to time showed that the number of bacilli was gradually decreasing. Although no claim is made that a cure is effected in this case, there remains the satisfaction of prompt relief of the patient to such an extent that he is able to follow his daily vocation. Duration of treatment 42 days. Patient is advised to continue on two-drachm doses of triacol t.i.d.

Case 13,570 (N. Y. Charity Hospital). Previous history reveals the fact that patient has had former attacks of la grippe and pneumonia. Ever since these attacks has been troubled with more or less cough, accompanied by expectoration of thin, frothy phlegm, which now appears greenish-yellow and clotted. Examination of same reveals bacillus tuberculosis. He complains of headache, pain

H.No.. 13.570...o C. Disease:... Phthisis. pulm
Name:. H. Mc A... Age: 34... occup:.. Clerk...





Blood. Examination:.. January 20th	
Haemoglobin:	51 %....
Red Cells:	2.900.000.
White " " :	13.200...

Blood. Examination.... March 3d	
Haemoglobin:	70.%....
Red Cells:	3.500.000
White " " :	9900..

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in back and limbs, night sweats, loss of appetite, and in weight, inability to secure rest at night on account of severe cough. Treatment with various remedies from November, 1901, to January, 1902, showed no improvement. On January 20th was placed on triacol, two drachms every four hours. Charts of blood and sputum examinations, etc., speak of progress made in this case.

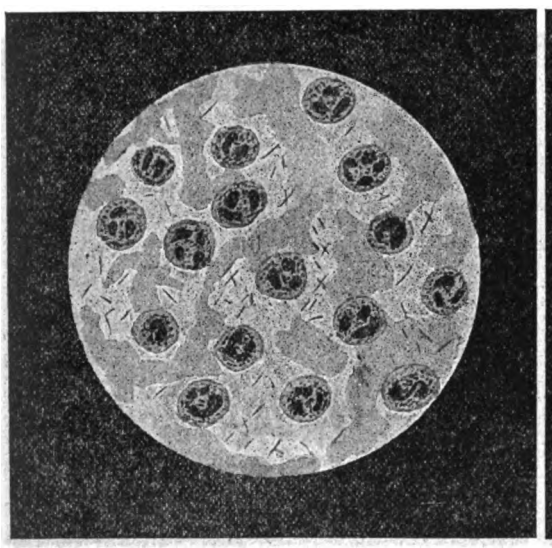
Jan. 20. Hemoglobin, 51%. Weight, 98 lbs.
Mar. 3. Hemoglobin, 70%. Weight, 113 lbs.

Cough had ceased, no night sweats, appetite good, feeling well enough to return home. Like in all other cases of bronchitis or tuberculosis where triacol was employed, the patient rallied quickly, regaining his sleep, appetite, and materially increasing his weight. At no time during treatment did this or any patient complain of constipation or of digestive disorders which are so frequently noted after the administration of creasote or guaiacol plain, or of any of the sodium and potassium salts. Like Case 13,492, this patient rapidly recuperated sufficiently to enable him to follow his daily vocation. This patient was also advised to continue triacol in two-drachm doses t. i. d.

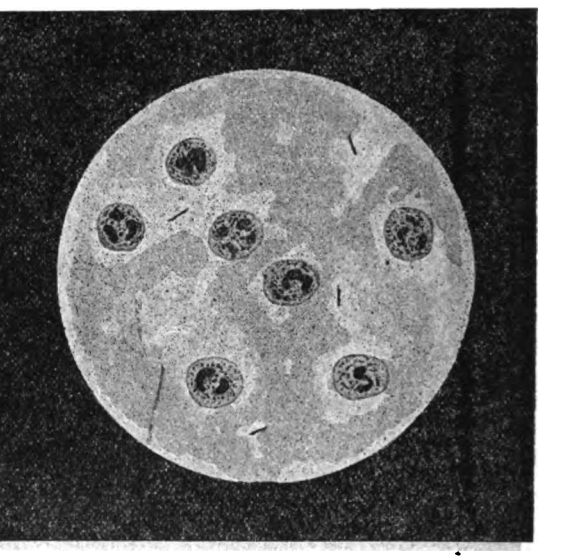
I had an opportunity to see this patient on April 15th, when he stated he had gained in appetite and weight, no cough, felt well generally.

The superior physiological action of Triacol, as compared with other means of medication, was observed in numerous other cases. Nearly always the administration of cod liver oil, alone and with creasote, mist. guaiacol and creasote was followed by excessive phosphate elimination and no improved condition of the blood of the patient could be noted. However, the phosphaturia greatly declined, and condition of the blood greatly improved after the

H.№ 13.570. oC. Disease: Phthisis. pulmon.
Name: H. Mc A. age: 34... occup: Clerk.....



Micro. photo of Sputum. Jan 20
Pus cells: numerous.
Bacillus tuberculosis: numerous.



Micro. photo of Sputum. Mch 3
Pus cells: few.
Bacillus tuberculosis: few

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administration of Triacol in two teaspoonful doses every four hours. This dose may be reduced as soon as the cough lessens, the expectoration becomes clearer, hectic fever ceases, and the general clinical picture of the patient warrants the reduction in the amount of medication. Plenty of fresh air, plenty of good and assorted nourishing food, and hygienic surroundings are the most important factors in the treatment of consumption; but in all cases we require some one of the many expectorants at our disposal. Comparative tests have afforded me the opportunity to study the physiological action of the combined antiseptic salts of guaiacol with potassium and sodium, and also of guaiacol with ethyl-morphine, and proven beyond question the therapeutic value of Triacol.

Disorders of the Sexual Function in Man.—Syphilis.

By A. H. P. LEUF, M. D.
Philadelphia.

[EIGHTEENTH PAPER.]

Syphilis (Continued).

Gummata.

Syphilitic cell accumulations, gummata, may occur anywhere. They may cause any variety of symptoms, depending upon their location and size. In the brain and cord, they may give rise to the most pronounced motor and sensory disturbances, as well as affections of the special senses, and even of the mind, according to their size and location, and the secondary changes induced in the tissues by irritation and pressure. The cell accumulations are so rapid in these growths that their nourishment is often deficient, causing them to die and break down. This is particularly true of the skin, in which it causes, in this manner, ulcerative destruction, sometimes of considerable area.

Interstitial Changes.

In the internal organs it is more apt to set up interstitial changes, consisting in increase of the connective tissue, with subsequent contraction, leading to more or less atrophy of the essential cells of the part involved. It is these interstitial changes, with their incidental effect upon the involved essential cells of the part, that constitute the extensive heritage of a former syphilis. This is also why those remedies which have a tendency to diminish this extra connective-tissue formation have such good effect in the treatment of tertiary syphilis. Most notable among these remedies are the gold preparations. It is a mistake to assume that because there are no mucous patches, no rash nor roseola, no other marked secondary manifestations of the disease externally, that some very dangerous processes may not be developing out of sight, for instance, active cell-growth in the blood and lymphatic vessels, which will be badly evident by their effects as soon as they have progressed sufficiently to do damage, when the patient is apt to be suddenly overwhelmed.

Selection of Posterior Nerve Roots.

Syphilis seems to have a selective effect upon the posterial spinal nerve-roots, from which one would expect to find sensory disturbances more often than motor ones, which is the case. Many of these sensory disturbances may be very sudden and severe, sufficient, in fact, to prostrate the patient, and yet disappear in from 24 to 48 hours.

It is a well-known fact that most cases of locomotor ataxia are of syphilitic origin. It is also a fact that the later the involvement of the nervous system, the more apt it is to be incurable, though many an incurable case of nervous syphilis is only so because the doctor lacks the courage to push the proper remedies beyond the average dose.

Mode of Action of Mercury.

There is a general belief that the remedies usually employed for syphilis, and which I have mentioned, mercury and the iodid of potassium, are effective by virtue of a specific antagonism to the *materies morbi* of the disease, but this appears not to be so. It is due rather to their tendency to produce fatty degeneration, breaking down of the syphilitic cell formations, thus permitting them to be removed. Mercury, in fact, is quite

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successfully held to act merely in a mechanic way, while the iodid of potassium is claimed to be generally effective only by liberating accumulations of metallic mercury that have settled in the tissues of the body, and doing this by converting the metal into a soluble salt, which again allows it to be carried about by the circulating blood, and be eliminated, and the remainder again decomposed, so that the released metallic mercury may again do its work. But the efficiency of the iodid of potassium is not limited to the release of mercury, to its acting merely as a means of re-administering this metal to the patient from deposits of it in his own tissues, for the iodid of potassium has produced its characteristic effects in advanced syphilis in individuals who have never taken any mercury.

Mercury, however taken, is, as I have said, supposed to act mechanically. Its finely-divided globules, in the metallic state, are supposed to penetrate the minute vessels, carrying before them obstructing cell accumulations. They are all the better able to do this by the flexibility of the metal, which readily takes upon itself any form necessary to get through a narrow passage. Metallic mercury taken in bulk is useless in syphilis because it is not self-divisible. The most finely-divided preparation of metallic mercury is to be found in mercurial ointment, and it is for this reason that inunctions with this ointment are so markedly effective in syphilis. It is also very finely divided in the oleate of mercury, but this preparation is not so reliable, because the heavy metal tends to precipitate and become united after standing for some time. The mercury pill is the most finely-divided preparation next to the ointment. The bichlorid and the proto-iodid are salts of mercury which, it is claimed, are decomposed in the system, after which the free metallic mercury does its work as when the ointment is used upon the skin. According to this idea, it is effective in syphilis by clearing all the vascular tubules of obstructing cell-accumulations in the same way as leaden shot cleanse small, irregularly-shaped tubes, through which they are run continuously, if lined with irregular accumulations, say of rust. This mechanic theory of the action of mercury is ingenious, attractive, and plausible. It is based upon actual experiment and microscopic observation of its action in the capillaries of the web of a live frog's foot.

I am very much inclined to believe this view of the mechanic action of mercury to be correct. Mercury can be given more freely in warm weather than in cold because then elimination is more active. It is said to promote the development and higher activity of the red cells of the blood by opening all the channels of circulation, thus permitting free glandular activity, and an ample supply of nourishment and oxygen to all the tissues of the body.

The Mercurial Preparations.

My preference of the mercurial preparations has always been for the bichlorid, of which I give one-twenty-fourth grain three times a day, well diluted, after meals. In the later forms, I use a saturated solution of the iodid of potassium, and begin by giving 10 drops, well diluted, after each meal, adding one drop to each dose every day until there is either a recession of symptoms or commencing evidence of iodism, of which the first marked sign is coryza. If there is a concurrent amelioration of symptoms with this physiologic manifestation of the drug, I reduce the dose slightly and continue it at that point. Should there be no recession of symptoms, although the drug is producing its characteristic unpleasant effects, I rapidly increase it by five or ten drops a day, or even per dose, if the patient's stomach will stand it, until the point of susceptibility is passed, and tolerance beyond this established. After this, the drug may be increased almost indefinitely, and the point be reached in due time when the symptoms of the disease will recede. In the intermediate period, when one is somewhat uncertain as to whether to use the mercury or the iodid, I use both, giving one-twenty-fourth grain of the bichlorid, and ten or fifteen of the iodid at each dose. Should the mercury disagree, it is often very helpful to give one-eighth grain of either

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the extract of hyoscyamus or belladonna with each dose. In lieu of this, or with it, may also be given ten grains of the subnitrate of bismuth for several days. In giving bismuth, however, it is always well to make sure that it is a chemically pure product, because, when impure, it contains arsenic, the presence of which would only serve to aggravate the irritating effect of the mercury, which one is trying to overcome. It is also well to remember that, when the stomach rebels against mercury, the more effective, but less convenient, method of inunction is left us. For this purpose, I prefer the mercurial ointment because it is both cheaper and more readily attainable. The oleate is more elegant, but also more expensive, and apt to be unstable. Whichever one is used, it should be rubbed gently into the skin at any place where it is thin, say the axilla, belly, groins, or joint flexures. It may be used in one place a number of times until this becomes a little tender from irritation, when recourse should be had to one or the other of the several regions designated.

The Hypodermic Use of Mercury.

I have had no experience with the hypodermic injection of mercury. It is apt to produce more or less soreness, and is objected to by many patients, though the treatment is only given about once a week, which is a very convenient point in its favor, under certain conditions. An eighth of a grain is given at a time by this method. Six grains of the bichlorid of mercury are added to one ounce of distilled water, of which twenty drops would constitute the initial dose. Injecting oftener than once a week is apt to cause salivation. There are other methods of carrying out this treatment, but this is the simplest. In using mercury, it is proper to increase it gradually until there is a recession of the symptoms, or until the gums become tender and the teeth sore when sharply brought together. When this occurs, it is well to stop the drug until the soreness disappears. If it has a tendency to remain, it is best to switch off to the iodid of potassium. The iodid of potassium and the mercury are apt to be followed by a disagreeable and metallic taste, the iodid much sooner than the mercury. In the case of the iodid, this is usually preventable by taking the drug in milk, or following each dose with it.

Ptyalism.

This condition may be developed in any patient, despite the utmost care in the use of mercury. It may stick to him tenaciously for a long time, even growing worse after the mercury has been withdrawn. The general indication, then, is, besides the withdrawal of the mercury, to continue with the iodid which helps the elimination of the drug, and the use of slightly astringent antiseptic mouthwashes, in connection with which the patient should be given a good nervous brace, and I know of none as good as nux vomica in half-grain doses before each meal. As an astringent, I would suggest any of the vegetable products; and as an antiseptic, I know of nothing so unobjectionable, and yet efficient, as a saturated solution of boracic acid.

Extreme Susceptibility.

There are some people who are unable to take mercury in even very minute doses. I had such a case several years ago; a very intelligent young man, in active business, under very high pressure, and compelled to spend much of his time upon the road between the larger cities in the eastern part of the country. He had been to several specialists in some of the large eastern cities, and always with about the same result, being placed either upon mercury or the iodid of potassium in minimum doses, with the uniform effect of causing nausea, occasional vomiting, abdominal pain, and an exhausting diarrhea, all this after only one or two doses. I made a solution of the red iodid of mercury in 87½ per cent. alcohol, which is used by homeopaths for moistening their sugar pellets, and is of this percentage because found to insure the highest degree of penetration of the sugar mass by it and the drug it carries, without dissolving the mass. The red iodid is very insoluble in alcohol, more so in water, and only very slightly so in alcohol of homeopathic strength. I filled an

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ordinary two-drachm vial with No. 50 homeopathic sugar pellets, and then added not more than twenty-five or thirty drops of the solution, only part of which was absorbed by the pellets. I should roughly estimate that each pellet contained less rather than more than one-five-thousandth of a grain of the drug. He took one of these after each meal, chewing it, and allowing it to dissolve in his mouth. He was to add one a day until he either had a recession of symptoms, or his usual manifestation of poisoning with mercury. He took three of these the first day, four upon the second, and four upon the third, when recession of symptoms began, and he continued taking four a day without any bad effects, though there was a total recession of all his symptoms, and he finally appeared to get entirely well upon a well-known gold preparation. This was an instance of extraordinary susceptibility to the drug, and I was right in supposing that a remedy which would in ordinary doses have such a profound effect upon his organism, would in much minuter doses have a curative effect upon the disease without causing him any inconvenience. His case simply shows the necessity for individualizing your patients and treating each one according to personal peculiarities.

Potassium vs. Sodium Salts.

I have sometimes used the sodium iodid in place of the potassium salt, and think it much the better of the two. I should advise its use in preference to the other, and must frankly admit that my failure to use it entirely is due to the habit of having used the potassium salt for many years with satisfactory effects. I may add that the sodium salts are preferable to the potassium salts because less irritating and more soluble.

As I have already stated, the iodids are the most effective of the remedies used in the tertiary stage of syphilis, and they are more especially effective in the treatment of gummata. They should also be the main reliance for the removal of secondary lesions that persist, despite a liberal use of mercury. The mixed treatment, so called, which means a combination of mercury and the iodid, will succeed in many cases in which neither drug alone is effective.

Need of Tonics.

Inasmuch as both mercury and the iodid tend to pull down the patient, particularly in large doses, it is well to increase the dosage gradually, and to simultaneously employ tonic treatment. This would include the bitter tonics for those who do not object to them, and the more assimilable forms of iron. Quinine is often a very good nerve-stimulant and tonic when given in five-grain doses night and morning. This may be taken in gelatine-coated pills or in capsules.

Dosage of the Iodid.

The dosage of iodid of potassium varies enormously with different people. Thus, while some are incapable of taking more than a few grains without marked symptoms of iodism, there are others who take enormous doses of the drug for quite lengthy periods without signs of iodism, or deterioration of any kind. I have often given large doses of this drug, the largest to a man about 48, affected with a transverse myelitis. He took one-half ounce (240 grains) three times a day for several months, with two intervals of a week each, during which he took none. I took the precaution of examining his urine twice a week in the fear that there might be renal irritation because of the elimination of so large a quantity of this irritant, but such examinations were always negative. I want to emphasize the desirability of making frequent examinations of the urine of patients taking more than, say, forty grains of the iodid of potassium thrice daily. The drug should be stopped as soon as there is any evidence of kidney irritation. Water should be taken in the largest possible quantities during a course of the iodids, for the double purpose of securing free elimination and diluting the drug to as extreme a point as possible. It will thus be seen that a syphilitic individual having kidney disease is very seriously handicapped in his effort to get well, particularly if his syphilis requires large doses of the iodid. When the iodide of potassium proves irritating, either to the stomach or kidneys, I should always advise using the sodium salt.

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The Use of Gold.

In the more advanced syphilitic conditions—and by this I mean those that present new connective-tissue formations with their inevitable contraction and entailed atrophy of the essential cells involved—there is no remedy so effective or so promising as the assimilable gold preparations now upon the market under a well-known name. The value of these preparations is not alone in their removal of excessive connective tissue, but in their general tonic or stimulating effect upon the body.

General Management.

In the treatment of syphilis, next to the two specific remedies that are almost always able to cure the disease, is the general management of the case. In this, the aim should be to place the individual under the best possible conditions favorable to the highest degree of health. Thus, he should have fresh air, sunlight, moderate exercise, and an ample supply of nourishing food properly prepared. He should be adequately clad to protect him from cold in winter and to guard against overheat in summer. He should be bathed often to promote the free activity of the skin, and to rid himself of the minute accumulations of mercury found upon the skin during a course of treatment with this remedy. The mouth and teeth should receive the utmost care. They should be frequently cleaned with a proper antiseptic, and the teeth placed in a first-class condition, and so maintained; nor should a patient neglect, under such circumstances, to inform his dentist of the nature of his trouble, both for his protection and that of his patients.

Tobacco Objectionable.

It seems hardly necessary to say that the use of tobacco in any form is objectionable because of its more or less irritating effect, thus encouraging, and often inducing, the formation of sores, like mucous patches, of an infectious nature. The importance of this advice is readily appreciated when one considers the ease with which syphilis may be communicated to others by kissing, and it should hardly be necessary to call attention to the extreme desirability of having these patients refrain from the use of alcohol, particularly its abuse.

Get Confidence of Patient.

Finally, if undertaking to treat a patient for syphilis, it is very desirable to get his absolute confidence. To this end, it is necessary to impress upon his mind the nature of his disease, the necessity for prolonged treatment, even despite the absence of symptoms, the danger of infecting others for a certain period, and the probability of transmitting it to offspring, even for some time after there is no danger of communicating it to others by contact. He must be impressed with the fact that it is impossible, by any known means, to cure syphilis in a short time, say in a few months or one or two years. His prejudice, if he has any, against the use of mercury must be overcome, and, if he has none, it is still advisable to show the necessity for, and the harmlessness of, mercurial treatment if properly undertaken by a competent physician. This safeguards him against later suggestions of the danger of using mercury, and having it get in his bones.

Encourage Elimination.

Everything that stimulates elimination is good during a course of treatment for syphilis, and it is better that elimination should be a little overactive than that it should be deficient. On this account, hot baths are very useful, as is also active out-of-door exercise, especially in hot weather. Let your patient know that syphilis is one of the most curable of all the serious diseases, but that this requires at least three years of continuous effort.

Be Sure of Diagnosis.

No case of syphilis should be treated as such until the diagnosis can be made with absolute certainty. In this, I refer to the disease at its beginning. A supposed chancre should not be destroyed, nor should it be arrested. You should explain to him the necessity for observing the sore, and watching for secondary symptoms, so that a positive diagnosis may be made, and he be satisfied that a course of treatment, covering a period of

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at least three years, is not needlessly entered into. Later syphilis, that may have been acquired without the knowledge of the patient, which has long passed the primary stage, may often have to be diagnosed by the application and effects of specific treatment.

Never forget that the sequelæ of syphilis are its after-effects, not the disease itself, and that they should be treated independently for what they are, though in some cases they are benefited by the iodids. Last of all, and yet one of the most important things to remember, is that it is not safe for any syphilitic to marry within less than three years from the inception of the primary lesion, and even then he should have been entirely free from all symptoms of the disease for at least a year and a half. Should he have had symptoms of syphilis for two or two and a half years, marriage cannot be conscientiously advised or permitted until after three and a half or four years from the beginning of the disease.

(To be continued.)

2353 N. 17th Street

[In this series of papers Dr. Leuf has considered the normal physiology of the sexual function, the various pathologic conditions, taking in order Spermatorrhea, Impotence, Prostatic Disorders, etc. Back numbers can be secured for the entire series. The next paper will begin the consideration of gonorrhea—ED.]

Correction.

In Dr. Blesh's Article on Broncho-Pneumonia of Children, March COUNCIL, page 99, middle of second column, in the formula, Apomorphine, gr. 1-6, should be gr. 1-67.

I have been overrun with medical journals, but have pared down the list wonderfully and THE COUNCIL was thoroughly considered before I decided to keep it permanently. I like it because it is practical and is contributed to by men who are qualified to write. I do not care to read anything by a writer who knows no more than I do. And I hope you will not let "Dick" "Tom" and "Harry" at every crossroads fill up your space.

G. R RUCKER, M. D.

Checotah, Ind. Ter.

Communications.

Some Cases of Eruptive Fevers.

To THE MEDICAL COUNCIL:

I was called to see a young lady, age 20, in a family of six, consisting of the father; Miss S., the patient; a boy 14; girl, 12; boy, 9; girl, 4; none of the children having had any of the eruptive fevers, *i. e.*, scarlet fever, measles, rötheln, etc. The patient was very restless; respiration very hurried, with deep sighing every 7 to 10 respirations. She could not speak above a whisper; complained of very sore throat; considerable swelling involving the glands of the throat and neck; complained of muscular soreness, with stiff neck; post-cervical glands enlarged; neck swollen until almost thickness of face; throat and tongue a deep scarlet, and no coating; heart's action 180, with failure of the valve to hold on contraction; she said that her hands and feet were asleep; subcutaneous tissue markedly livid; extremities cold; tingling in hands so unbearable that she would have them rubbed by some one or rub them against the bedrail or anything for relief; very alert, sitting propped up in bed, as she could not lay down, nor be still; absolutely sleepless, and nervous to an alarming extent, the least noise causing her to start or jump. It was an absolute punishment even to listen to music, and a false note was like a shock from a galvanic battery. Mental faculties very acute, and has a mind away above the average. It was keyed up to at least double pitch.

Suspecting scarlet fever, but finding no history of exposure, and the family being practically isolated, and fearing to add the anxiety of that in her overwrought nervous condition, I put her on appropriate treatment, and waited for developments.

The next day she began showing a pronounced scarlatinous rash, but it did not spare the usual area around the mouth. By the second or third day it covered the body, partaking in places of a scarlatin-

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ous, and in others of a measles, character. It receded, and was followed by brauny desquamation, but I could not find a placque. It was all brauny. I kept close observation of the children. They all showed temperatures within 6 days from time of eruption, none before, or say 10 days from the time she began complaining. Showed catarrhal symptoms; some sneezing; a redness of fauces; with a few isolated macules. All developed a pronounced measles rash in shape, but color a pale rose instead of red. All had loss of voice. Tongues peeled off. Temperature, 104° to 105° before rash appeared, and all up within 3 days, the rash never remaining over 3 days, from time of the first spot appearing until all had faded. There was only brauny desquamation, where there was any. You might say I had a typical scarlet-fever throat and a very typical measles rash, with all but the first case, with which I had some trouble with the kidneys, and the heart's action is still poor.

My diagnosis in these cases was rötheln. The neighbors tell the father they have had the measles. I would like to assure him that they have if I could do so conscientiously, but, from my diagnosis, he will still be in danger should he be exposed to measles. If I am wrong, and they have had the measles, it would be quite a relief.

I had the children kept in a room with even temperature; cleared the bowels with a mild laxative, and had the temperatures taken frequently, and as soon as the thermometer showed 103°, had them given a hot bath, and the entire body anointed with:

℞ Eucalyptus . . . . . ʒj
Liq. petrolatum . . . . . q. s. ad ʒij
M. ft. sol.
Sig.—Anoint well.

I instructed them to take the temperatures regularly, and, if it went to 104° or 105°, to repeat bath and reduce temperature of bath to hold temperature down and get benefit of bath on skin and nerves, with bathing, and anointing skin, and best of attention. The rash never showed until the temperature stood between 104° and 105°, and never was more than a few hours in reaching completion. The temperatures began rising immediately upon its completion. The rash never remained stationary, as it would begin to pale in the face by the time that on the body was fully developed. My case-book shows about 140 cases of measles.

Upon the same lines of treatment, I have never had a temperature above 103½° before the rash would show beautifully. Ordinarily we look for a low temperature in rötheln. Chandle alone gives it at 104° to 105°, and I believe in virgin cases, *i. e.*, parties never having had anv of the exanthemata, that is correct. But I cannot see how both scarlet fever and measles could help modifying it some, as it partakes so closely of both, and its temperature should be between 104° and 105°.

JOHN W. HYATT, M. D.
Bellevue, Texas.

Chloral in Fevers.

TO THE MEDICAL COUNCIL.

In the last (April, 1902) number of MEDICAL COUNCIL I noticed a communication from the *Cleveland Medical Journal* with an experience of the effects of chloral hydrate. My own experience fully coincides with that of the author of that article as to the antiseptic properties of chloral, together with its further applicability in continued and all low-grade fevers of paludal or zymotic origin. For ten years I have been in the habit of giving chloral in those fevers, especially typhoid, of which we have more than our share here. It relieves pain, quiets the nerve-centers, largely influences favorably subsultus tendinum of typhoid, the bowels become less angry, the bloating diminishes, and the distressful trembling gives place to quiet, restful sleep. In fact, I do not believe that I could confidently treat many cases of typhoid, or low paludal fevers, or, in fact, any acute condition, where autointoxication or continued severe pain have strongly depressed the nervous tone of the patient, without chloral.

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Consistent doses of the drug, masked with a bitter tonic, as nux. or gentian comp., very nicely comforts a patient in the particular expression of senile atrophy known as paralysis agitans.

I am emboldened to write this because of your invitation for reports "from your readers." S. D. YERINGTON, M.D.

McBain, Missaukee Co., Mich.

Notes and Comments.

By C. KENDRICK, M.D.
Kendrick, Miss.

Why will some people suffer through life on account of hemorrhoids when the trouble can be relieved by a simple operation? See page 88. Every general practitioner should have and use a rectal speculum, and be prepared to operate when necessary. I have no fixed rule by which to treat hemorrhoids, but decide what to do after a careful examination. In some cases I prefer the ligature, in others the hypodermic needle, and sometimes the knife or scissors.

Like Dr. Ford, page 89, I think that nearly all cases of appendicitis can be treated successfully without the use of the knife. I have seen a number of cases condemned to the knife or death, that recovered perfectly without surgical treatment. Those who are too "handy" with the knife may not be able to treat a case successfully by any other means, but it does not follow, therefore, that others cannot do so. But there are some cases that require surgical treatment just as there are some injuries of the limbs that make amputation necessary.

To send coin by mail use padded paper used for packing glass, etc. Use the kind that is composed of three layers or three sheets of paper, with the middle one fluted. Cut a place for the coin between the outside layers and insert it. It is best to mark on the outside the location of the coin, or it may be overlooked. If you cannot get this kind of paper, cut a hole in a piece of card or pasteboard, and insert the coin, then paste a piece of paper on both sides of the coin to hold it in place. The first plan is very simple, and it is an easy matter to keep some of the packing-paper in a convenient place, where it will be ready at all times for use.

Those who have troublesome cases of tonsillitis will be interested in the articles in the March number of THE COUNCIL by Dr. Lindsy on page 91, and by Dr. Bunnell on page 93, and the article on page 121. These articles have come in a very opportune time.

You need not be afraid to use ammonium chloride, page 100, first, last, and all the time in some cases of pneumonia. Sometimes I have cases in which I regard it as the sheet-anchor.

Those who have kept up with Dr. Leuf's article on "Disorders of the Sexual Function," page 100, and who have read his other works, will be glad when he has completed this series and published it in book form.

It is well for all of us to "read up" occasionally on abortion, and you will find nothing new better than Dr. Claiborne's paper on page 105. Some women die of hemorrhage, as did his case, in spite of all that can be done. In such cases look for disease of the kidneys. It is possible you may there find the cause of the hemorrhage.

Dr. Webster, page 114, strikes the keynote on chronic constipation. A regular time and an immediate answer to Nature's calls will cure most cases.

The answers to "Battling of Questions for Young Physicians" have interested me greatly. It is well for young and old to study to be able to give a satisfactory answer to all questions that may be asked. Sometimes much depends on a ready reply to even a silly question. In all cases try to be perfectly respectful in your answers.

A plaster splint or dressing for a compound fracture, page 117, is all right if you will make an opening over the wound. Why are plaster dressings so seldom used?

The suggestion, page 118, that every practitioner qualify himself in some particular branch is a wise one, and every doctor young and old should consider it.

Cancer and malaria can and sometimes do go "hand-in-hand" in hurrying a patient to the grave, page 90. Malaria

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hastens rather than retards the visit of the dark angel. Malaria can "mix" with every disease that we can have, and still the disease can go on "to perfection" regardless of the malarial trouble. There are few if any diseases that are not made worse instead of better by malaria.

Repairing the perineum in country practice is easy, and the after-treatment no trouble, if the flap operation is done instead of the paring plan, page 92. It can be done in one-fourth the time required to do the paring operation, and the after-treatment will almost take care of itself. Any country doctor ought to be able to do this operation; he will not often fail to make a success of it if he will exercise even ordinary care.

There are many good things in the March number of THE COUNCIL, as there are in all other numbers, but I cannot notice all. If calling attention to some of these good things causes some doctor to go back and re-read his back numbers, my suggestions will not be altogether "wasted on the desert air."

Triplets with Unequal Arrest of Development.

TO THE MEDICAL COUNCIL:

I desire to report a peculiar case, the like of which I never saw before, deeming it both interesting and worthy of record. I was called to see Mrs. P. on the 12th of March last, and found her in charge of a neighboring woman, who informed me that she had, four hours before, given birth to a dead child, which had been followed by the afterbirth, but that something was still wrong, as she had continued in hard labor pains ever since. Placing my hand upon the patient's abdomen, I noticed its largeness, and remarked "Twins." She suggested, however, that I examine the patient more carefully, as there was something unusual, "a big bunch the size of your cap, soft, and so that it cannot be taken hold of." As she said, this could not be grasped, but with the help of a single forceps blade I was enabled, within a few minutes, to bring it within handy reach, when I removed it. It was immediately followed by a live child, at full term, but poorly nourished, which lived only a few hours. This came away at the end of twelve minutes after my first manipulations, but there was still another chapter, consisting of the prompt extrusion of a dead fetus of five or six months' growth, with hydrocephalus and minus a cranium; in other words, an anencephalous monster. This was already partly decomposed. It was followed by a large blood clot and amniotic fluid, containing a five or six weeks' embryo.

I should like to ask whether this was a conception of triplets, or were there three different conceptions?

The mother made a good recovery.

S. L. KNEPPER, M. D.

Conklin, Mich.

[This was, in all probability, a case of triplets with arrested development in two, one much earlier than the other. Superfetation is possible, but not at such intervals as stated in this case. Under such circumstances, they may be two, and possibly three, months between the oldest and the youngest child, but in this case even the older of the two deficients was probably more than three months under time. We incline, therefore, to the opinion that all three were conceived at the same time, and arrested in their growth from some of the causes that may contribute to this end. It would be interesting to know the physical condition of the mother, with a view to determining whether defective nourishment may have caused the arrest of development, first in one, and later in the other. Also, whether the five or six weeks' embryo was not also seriously defective as was the anencephalus. This would explain, possibly, why there was a selective nutritional diversion to the full-term fetus. It would also be interesting to learn whether the mother had any syphilitic taint.—ED.]

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An Unusual Recovery.

TO THE MEDICAL COUNCIL:

That tuberculosis is a curable disease is no longer a tenet requiring defence or clinical evidence. The following case is presented rather to illustrate the ease and rapidity of recovery, without the aid of climatic treatment; in fact, change of location during the time of treatment was rather adverse than favorable, the patient having been removed from a country home on Long Island to the densely populated borough of Manhattan.

E. H., unmarried girl of 17 years; servant; father died of tuberculosis two years before; patient had severe attack of influenza in November, 1901, for which she neglected treatment; tuberculosis developed during prolonged convalescence, with apical foci in both lungs. Hard work, exposure and neglect contributed to a rapid development of cavities in upper lobe of each lung. She had been under short treatment by several local physicians, who diagnosed acute tuberculosis, and gave no hope of recovery. Bacilli crowded sputum.

January 18, 1902: Examination gives record of suppressed menstruation; severe cough; characteristic expectoration; anorexia; great physical weakness; evening hectic; evening temperature, 102° F.; pulse, 120; extreme nervousness and irritability; insomnia (chiefly due to racking cough); severe night sweats; voice reduced almost to whisper from laryngeal implication; cold, clammy extremities; and all physical signs of rapid breaking down of the affected lung tissue. No microscopic examination of expectoration and none needed both on account of former examination and as the pathology of these cases is as plainly indicated by the "clinical picture to the naked eye" as a carbuncle on the surface. Until recent years the prognosis has been equally positive.

I commenced treatment by removing the patient from her untoward conditions to a hospital regimen in New York, under my constant observation. She was placed on a diet rich in proteids, and I gave her a prescribed amount of marrow from beef bones daily. For several weeks complete rest was enjoined. The medicinal treatment was very simple. For the cough, Lobelia, F. E., gtt. x, night and morning, for a few days and later in gtt. iij doses as needed. For systemic treatment she was placed on Bioplasm (Bower) grs. x, after each meal and at bedtime. This was continued until January 28th, when it was suspended for three days.

January 28, 1902: At this time (10 days of treatment) she could sleep from 10 to 12 hours without disturbance from cough. There was 4 pounds gain in weight, her appetite had returned and the "clinical picture" was greatly improved. Bioplasm was resumed in the same dosage and continued. On February 9th the menses returned with some distress, which was relieved by Hayden's Viburnum comp. fl.drm. j; evening temperature, 100.4° F.; pulse, 105.

February 22, 1902: Had now been under treatment precisely five weeks. I had several physicians join me in an examination, and we were united in declaring the patient recovered, with cicatricial spots in both upper lobes. Her temperature was normal and pulse 80–90. It is true that relapse would be imminent on exposure, and that her resistance was at low degree, but at this time she presented not a symptom of disease. What constitutes recovery? Does it involve a return to the former physical standard—with former resistive powers—without added predisposition acquired by the attack? If so, then all clinical data should have the recovery column stricken out. On February 22d, or after five weeks of treatment, my consumptive patient was wholly free from cough, nervousness all gone, voice had returned, catamenia reestablished, had been free from night-sweats after the first week, has had no hectic for over three weeks, appetite excellent, has gained over fifteen pounds in weight, hopefulness and ambition returned; in other words, she has been metamorphosed from a broken-down physical degenerate into a beautiful, active, ambitious young woman. All this without the aid of a "high, dry, ozonic

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climate," or any assistance from the mountains. I shall continue treatment with Bioplasm, and a careful regulation of diet, clothing, and exercise, but previous experience with similar cases (and this is not an exceptional case, except in rapidity of cure), leads me to ignore any danger from relapse, except that which comes from the universal rule of additional predisposition as an inherent weakness after every pathologic storm.

What cured the patient? All the features of treatment I consider necessary, but the results obtained, I am frank to state, I believe could not have been secured without the organo-therapy. The systemic response to it was so plain and positive that it indicated it as the basic element in the treatment of the case.

Later examination, March 23d: Weight at this writing shows a gain of twenty-three pounds. All signs of complete recovery confirmed. Energy and endurance equal to her best days, before the attack of influenza. No irritation at cicatricial spots. She also stood an exposure to a cold, drizzling rain while out walking, which soaked her clothing, and proved a shock to her, but without affecting the lungs or resulting in cough or any subsequent ill effect.

I must confess an inability to point out a rational theory of therapeutic action in this case, as I have found no predilection of this enzymic remedy for any definite pathology. In fact, my best average results with it have been in the neuroses, where sub-vitality and mal-nutrition were paramount indications.

M. GRANT MCGINNIS.

200 West 80th St., New York City.

[Being naturally skeptical as to such a favorable result in this usually resistant disease, we called personally to see the Doctor, and were given opportunity to examine the patient. The present condition is faithfully described by Dr. McGinnis above, and the statement of the previous condition is confirmed by the patient, a very intelligent young woman, and by previous attending physicians. If wider experience confirms the results achieved in the past few months, there will be permanently added to our therapeutic resources another powerful element in protecting the human family against disease.—ED.]

The Enema.

TO THE MEDICAL COUNCIL:

Without a syringe in my satchel I should regard myself as almost unfit to meet the emergencies of medical practice. In thirteen years I have never regretted giving a rectal injection. Many a time if I had not had a syringe with me I should have lost my little patient with convulsions. A high rectal injection is often helpful in menstrual pain. It also removes an accumulation that in any fever sets up an autointoxication if allowed to remain in the bowels. The negligence of all the most culpable in everyday medical practice is to prescribe and go away without attending to a required enema.

To leave orders with an untrained nurse as to an enema is a dangerous piece of carelessness. That which an enema brings away may be a deadly poison to the patient, particularly in a fever. There are some things so simple and commonplace that a mind wandering in the higher realms of science is apt to overlook them. So it is as to the enema. To give it is not an elegant task by any means, and if a physician gets too nice to attend to such a duty personally, he has in one respect transcended the realm of usefulness.

C. E. BOYNTON, M. D.

Los Banos, Cal.

The intelligent report of an interesting case in a reputable journal benefits all parties concerned; the readers gain the information; the writer is made a closer observer and student, and by his report is brought into closer relations with his fellow-physicians throughout the world.

Dear Dr. Taylor:—The copy of your Physician's Pocket Account Book recently received. It is certainly a most attractive form and we are not surprised that Dr. Hatfield was so enthusiastic about it.

Very truly yours,

GEO. THOS. PALMER, M. D.,
Publisher *Chicago Clinic.*

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"The Battling of Questions for Young Physicians."

Under the above heading, Dr. W. C. Proud, of Oregon, Mo., contributed, in our February number, page 71, a series of sixteen interesting and somewhat puzzling questions, such as are very frequently asked of the family physician, and requesting satisfactory replies from doctors of experience. From the many sets of replies received we have selected the following, in addition to those published in March and April numbers, as being best and illustrating various points of view. Get out your February number and consider the different replies to the first question, marking the percentage of merit, according to your opinion. Then take up other questions in order throughout the list.

To The Medical Council:

Answers for Dr. Proud.

After 30 years of practice Dr. Proud's "Battling of Questions" sounds only familiar to me, but many of the answers must depend upon circumstances.

1. "She is very sick, and even the well are constantly in danger, but so far as I can judge, I think she will (or will not, as the case may be) recover."

2. This, again, *depends*. If it be a case of organic heart disease or of any one of many other diseases, the answer must be that "there is." That is a legitimate question and is entitled to a fair answer, although we often wish people would be content to await developments.

3. "I don't know"—or if I do know I tell them, if advisable. It is my practice to be candid, professing no superhuman knowledge.

4. "Certainly, but death from it when properly administered to proper subjects is very rare indeed. Operations without an anesthetic are much more dangerous."

5. "Apoplexy is caused by a ruptured bloodvessel in the brain or by some lesion producing pressure. If the mechanical obstruction is very great, death speedily results. If but slight, the patient will partially, if not completely, recover; medicines aid this recovery in cases amenable to treatment."

6. I never "ran up against" that question. I would probably answer that "they were not made for children to play with."

7. "Why not, unless it be a disease which will leave impaired organs?"

8. "Consult your physician."

9. "If you wish another physician, I am willing to quit."

10. "Because you dread the pain of extraction and this fear overcomes present pain."

11. "Sick."

12. "Sick," or "better." Be very brief.

13. A quiet "good morning" to the friends; then devote your whole attention to the patient until you leave the room, especially if he be very sick. Never remain in the room, gossiping with neighbors until the patient wants to "fly."

15. "She is sick. Are you statistician for this neighborhood? By what authority do you question me?" I have even been rude enough to say, "none of your business."

16. "His symptoms are not fully developed. I am not yet ready to give an opinion." This is one of the most troublesome of the fool questions which busybodies pester us with.

E. J. Marsh, M. D.

S. W. Oswego, N. Y.

To The Medical Council:

In answer to some of Dr. W. C. Proud's questions, I submit the following:

1. "Yes, but I have had much worse cases recover."

2. "That depends on patient's power of resistance."

3. "Lowered vitality due to over-exertion."

4. "Not as dangerous as the tumor."

5. "Will give patient the benefit of a thorough trial. What's done must be done at once."

6. "Have you seen any after-effects?"

7. "Quite so, considering her present strength."

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9. "Nothing but a *trained nurse;* you are much in need of rest yourself and we will need you later on."

10. "You fear the dentist worse than the toothache."

12. "Improving, if nothing else sets in."

13. *As usual*, with a good-natured smile, but guarded in conversation. Let the neighbors do the talking while you remain.

14. Leave with a hearty but dignified handshake and the positive assurance that all is well, (if possible to do so.) Let the conversation briefly, but pointedly, cover the neighbors' remarks, and depart, asking of neighbors' welfare.

15. "Oh, nothing serious." Say "How is Mr.——— up your way: I hear he got hurt."

J. C. CUTLER, M. D.

Verona, Wis.

TO THE MEDICAL COUNCIL:

In regard to "Puzzling Questions," submitted by Dr. Proud, I will make the following answers:

From 1 to 7 inclusive, and 9, 11, 12, and 16, tell them the truth invariably. The doctor does himself no harm, and the patients know what to expect. It is right for those deeply interested to know these things, and it is unkind to refuse them the consolation in our power. To the curious, take refuge behind as large names as possible. It is absolutely none of their business.

8. If a friend, or patient, give something to relieve temporarily—a tablet of acetanilid compound, if indicated—the same as any neighbor would do. If it is simply transitory, he will not feel like you gouged him. If it takes treatment to cure him, you will get your fee there. However, I would not tell him what to take. That is wrong. They get to using drugs without a knowledge of indications, and also peddle what cost you time and money.

10. "Josh" them a little, but most of all look wise.

13, 14. As a gentleman should; above all, carry a cheerful countenance, not flippant or boisterous, but endeavor to leave your patient in a better frame of mind than you find him. Speak to all quietly on entering. Shake hands with patient and make no absurd fuss. Take your time (you can make it up by cutting that game of billiards short) and gradually lead up to patient's trouble. Make thoroughly your examinations, and, last of all, for your own good don't fail to shake hands with all present on leaving, especially the grannies.

15. Just tell them she has an attack of grippe or malaria, or anything common in your locality. Here is where your "*lie*ability" must shine.

C. W. TEDROWE, M. D.

Tryon, Okla.

We have on hand for future publication, many valuable articles, held over on account of lack of space. Among them we mention the following:

ON THE SURGERY OF THE HEART.

THE BUSINESS OUTLOOK IN MEDICAL PRACTICE.--THE INCOME OF PHYSICIANS.--GRADUATED FEES.

PRECIPITATE EJACULATION, WITH TREATMENT, by J. B. Watson, M. D., Ashland, Ky.

INFANTILE DIARRHEA—ETIOLOGY, by Dr. A. E. Snyder, New Milford, Pa.—PATHOLGY, by Dr. S. Birdsall, Susquehanna, Pa.—TREATMENT, by Dr. Irving P. Schoonmaker, Sayre, Pa.

REPAIR OF THE PERINEUM IN COUNTRY PRACTICE, by J. R. Boyd, M. D., Oakvale, W. Va.

TREATMENT OF STRANGULATED HERNIA IN COUNTRY PRACTICE, by D. W. Roos, M. D., South Frankfort, Mich.

A BUREAU OF PUBLIC HEALTH, by W. P. Bradley, M. D., Palo Pinto, Mo.

BICHLORIDE OF MERCURY BATHS IN SMALL-POX—A FAVORABLE REPORT, by S. S. Boyle, M. D., Santa Rosa, Cal.—AN UNFAVORABLE RESULT, WITH CAUTION AS TO ITS USE, by G. W. Bolkcom, M. D., Tower, Minn.

STERILITY IN THE FEMALE, AND ITS CURABILITY, by Samuel L. Kistler, M. D., Los Angeles, Cal.

OBSTRUCTION OF GALL DUCTS--RECOVERY, by I. B. Washburn, M. D., Rensselaer, Ind.

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The Business Side

OF MEDICAL PRACTICE.

While we as physicians desire to be scientific students and practitioners of medicine, yet we desire also, for the welfare of our dependent ones and for the sake of our standing in the community, to secure a fair compensation for the services we render to our fellow-men and to society. To this purpose The Council will occasionally conduct a brief department in which may be discussed those subjects that pertain to the financial welfare of the practitioner and the profession. Ideas are solicited for this column.

The Doctor's Fee.

"What is the doctor's fee?" is the question often asked by one patient of another with reference to a physician they are advised to see. When one considers the numerous variations in the value of medical advice, both according to the nature of the ailment and the experience and judgment of the adviser, anyone with common sense must feel more or less amazed that uniformity in fees of the same practitioner should be expected for all consultations. Thus, one patient consults the doctor for the relief of a bellyache due to some indiscretion in eating, for which he receives a purge, an anodyne, and a little ordinary advice about avoiding the same kind of food in the future. This requires very little judgment and knowledge and time, and is deserving of the minimum fee. On the other hand, we will suppose a patient with incipient consumption, who has had a hacking cough for several months, has been to two or three doctors without relief. You go carefully over his chest, advise him to have his sputum examined, and, upon a subsequent visit, tell him that he has incipient consumption, and that he must at once prepare to make the fight of his life if he does not want to die with absolute certainty within a couple of years. These two consultations are worth a countless number of the preceding kind.

In the first instance, the doctor relieves a self-limited temporary distress, in the other he does the enormously valuable work of saving a human life for many years to come. If the advice in the first instance is worth a dollar, that in the second is most assuredly worth almost anything. It is certainly worth five times as much, and should be valued accordingly if the patient is able to make the payment. Another patient comes to you with some obscure symptoms. Has been to other physicians without relief, but you, as a careful and intelligent practitioner, examine his urine, and are able to tell him that he is suffering with some commencing kidney disease, sure to kill him in due time if not immediately taken in hand. This man is under greater obligations to you than he with the bellyache. He consumes more time in your office, consumes time additional in the examination of his urine, and requires a much higher degree of judgment. Many of his subsequent visits require greater skill and knowledge on your part than did the simple relief of a bellyache. You are, therefore, entitled to larger compensation, and should ask it if the patient is able to pay.

In regular periodic visits to a hopelessly-diseased consumptive, where your entire work is to minister to his comfort as long as he remains alive, your work is of the simplest kind, whereas, in attendance upon an acute dangerous disease, such as pneumonia, every visit may require a high degree of diagnostic skill and therapeutic judgment. For this work you are entitled to greater compensation than in the other. In attendance upon a contagious disease, for instance diphtheria or scarlet fever, particularly when of an

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aggravated kind, you are entitled to still larger compensation because of the precautions you have to take, involving extra time and labor, against carrying the contagion to others. This is common sense; it is business; and it is fair. You have a moral as well as a legal right to refuse to attend extraordinary cases for ordinary fees.

The doctor who charges a very small fee uniformly for all kinds of work is the man who, necessarily, does not do his work well, for such a man is apt to be busy, and must have many people, in his office and out of it, for many of which he never gets paid, and has not the time to keep up his studies, to carefully consider each case, and to make examinations of urine and of sputum, keep records, and attend to the many other details without which no man can intelligently and properly practice medicine. When, therefore, a patient ojects to your fee on the ground that Doctor somebody else charges less, simply tell him that every man, probably, is the best judge of the value of his own services. It is well to let people know, who object to paying a certain fee, that under certain circumstances, if they are willing to assume the responsibility, you are willing to render them half the services for half a fee, or proportionate services according to the proportionate fee they pay you. This is so in business. You can get the same kind of articles at varying prices according to quality. In some places you cannot get goods of inferior quality because they do not deal in them. It is for you to let your patients know, in a business manner, that you render services of a certain quality, which you cannot afford to give at less than a certain figure, and that you do not render services below a certain grade. That if they want anything less than this, they must go to men who do that grade of work, and charge accordingly. This is no reflection on the beginner in medical practice, who may have the ability but who has never had the opportunity to establish it. Many patients, taking the risk, go to such an one, and get competent service at a less rate, the young physician getting his extra compensation in the establishment of a reputation.

Physicians' and Surgeons' Accident Policies.

Various insurance companies, in order to increase their business, are adding a "rider" to their policies, professing to give indemnity in case of infection received while performing operations. Generally, when called upon to pay a claim in such cases, they take refuge in the tricky ambiguity of the wording of the clause to escape the liability.

Dr. G. W. H. Kemper, of Muncie, Ind., held a policy in a New York company, in which was the following special clause:

"This insurance does not extend to or cover injuries received by the insured while employed or engaged in any of the occupations classified by the Company in this policy as *not insurable.* * * * * (Except in the case of physicians, surgeons, and dentists who have paid twelve months' premium in advance, then the policy covers '*septic poisoning*' accidentally incurred while performing professional duties and during the period covered by such advance payment.")

Having accidentally contracted erysipelas while performing an operation, he claimed the indemnity, which was refused on the ground that erysipelas is a disease, and hence not one of the forms of poisoning covered by the policy. After a thorough investigation, the doctor found that insurance companies generally escape the liability through the technical dodge that the infection must

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take place *through a wound accidentally received while performing the operation*, and not through any possible abrasion or opening of the skin, or pimple or sore, existing when the operation was begun. In other words, they desire not to insure, but to pretend to insure.

The doctor thus sums up his conclusions in the *Phila. Med. Jour.*:

"1. That the surgeon who is insured and receives a disabling wound unfitting him for practicing his profession, is entitled to an indemnity whether he contracts septic poisoning or not.

"2. A surgeon, while operating, may become infected through an old injury, or a new wound. The effects are the same in either instance. There is no valid reason why a policy should not indemnify alike in both cases.

"3. If a surgeon cannot recover indemnity from an infection received through a sore, or an abrasion, then he gains nothing from a clause or rider attached to his general policy. In other words, the term 'septic poisoning' in an accident policy is simply an aid to secure policyholders!"

In conclusion, we would advise our readers not to trust to any statement of agents, nor to any circular or prospectus of the companies, but to carefully read over the proposed policy itself before incurring one penny of expense, and, if it does not suit, do not take it.

The Doctor as a Speculator.

The poor business qualifications of the ordinary doctor are proverbial. Hard as his struggle is to provide for himself and family, he usually gets only half what he earns, the remainder being charged on his books as uncollectable fees. His work is honestly and conscientiously done, but when the time for recompense comes he is usually forgotten by his former grateful patients. This condition is explained, in part, by his want of promptness and regularity in reminding his clients of their indebtedness. In this respect the physician is different from any other man who does business on business principles. His patrons conclude that he is the only one of their creditors who does not need money, as all others persist in asking for it when it is due. Hence the longer the account stands the less likelihood there is of its being settled.

From such points of view it is easy to understand why the poor doctor is generally in debt and is ever eager to make money in other ways. Speculators, promoters, stock jobbers, and the like understand this so well that the confiding medical man becomes a willing victim to their swindling schemes. The swindlers are not exposed for the reason that no complainant wishes to advertise himself as having been duped. Although one lesson is generally enough for each individual, it takes a great while to make such an education widely distributive and permanently effective.

It is strange, but nevertheless true, that there is more stock jobbing among physicians than with any other class of professional men. And it is equally conceded that they can least afford to risk their hard-earned incomes in that way.

During the recent flurry in Wall Street it has been said on reliable authority that the medical profession sunk enough money on margins to endow a hospital or place the Society for the Relief of the Widows and Orphans of Medical Men on the soundest possible footing. In one instance it was said that a medical man who had the so-called "nerve to hold on" during a sudden drop in values, not only lost his little fortune, but his home besides.

Now the craze seems to be for mining and oil stocks with impossible dividends. Even some respectable medical journals lend their advertising columns to the exploiting of these and other questionable schemes. The moral of it all is that the medical man who wishes to save his money and provide for his family should have nothing to do with any business he does not thoroughly understand, and least of all should he speculate in any stock for the real value of which he must

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depend on the mere statement of others. Even stocks in medical journals are not beyond the danger of depreciation while taking the ordinary business chances of earning interest on par values. So also with other plans for becoming rapidly rich, and for obtaining large dividends from small but pretentiously alluring investments. In view of these facts it seems incumbent upon us to guard the doctor against the constant temptations to go out of his beaten track for making his money. In the long run with his slow accumulation of funds the best investment is a life insurance policy, which will at least spare his widow and orphans from seeking charity or possibly bowing to menial labor. The great thing is to be contented with small profits, and have them permanent and sure. This sound business principle appeals to the doctor with special and ofttimes with mournful force.—*Medical Record.*

Quacks and Compensation.

Some one has tritely said that "a law to suppress quackery would be class legislation, being in the interest of the fools."

These newspaper specialists, just from Paris, who exploit their fame in the press, are not only deceiving the people, but cheating the honest, hard-working practitioner out of what rightfully belongs to him. We can all doubtless recall cases where we have faithfully attended a family at all hours of the day and night, never failing to respond when Willie was sick; attended births, mature and premature, and in many cases, a long siege of fever, with not even thanks for a reward. But along comes the advertising huckster, or the man who knows it all, and his flowing description of ills seems to fit some ailment so perfectly; they had heard of the ailment before in the almanac or in the family guide-book. So, as this most eminent prognosticator can remain but one day only, these deluded people fairly fall over each other to get to him, pay him liberally for his rascality, and we go unrewarded, but will be called as usual when Willie is sick or an accident occurs.

* * * * * *

We set a price upon our own work and fix our own standard. If we lightly esteem our calling, we may rest assured that public opinion, which is a great leveler, will rate us at just what we are worth.—*F. O. Wright, M. D., Port William, O., before Greene Co. (O.) Med. Soc.*

Book Reviews.

GYNECOLOGY, OBSTETRICS, MENOPAUSE. Part I. The General Practitioner His Own Gynecologist. Part II. Common Sense in Obstetric Practice. Part III. The Change of Life in Woman. By A. H. P. Leuf, M. D., Author of "Practical First Principles," and Associate Editor of "The Medical Council." Published by "The Medical Council," N. E. Cor. 12th and Walnut Streets, Philadelphia, 1902. $2.50 net.

This is an octavo volume of 326 pages, and is distinguished by not having a single illustration. It is not a complete treatise on its subjects, though very nearly so, the author limiting himself, as he tells us in the preface, to those portions of the subject with which he has had practical experience, and upon which he considers himself to have the right of judgment. The style is clear, and everything is considered from the standpoint of the first person, as we find in Lawson Tait's book, and in a few others. The work is in the nature of a message to the general practitioner, urging him to do a large share of his own special work in gynecology, encouraging him in the better practice of obstetrics, and giving information in regard to the change of life in woman that does not exist in any other work with which we are acquainted. This, the third part of the book, is, in our judgment, the most up-to-date, comprehensive, and instructive that has appeared since Tilt wrote his classic work upon the same subject, and which, as the author tells us, is now entirely out of date. The book is absolutely original from every point of view.

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It cannot be opened anywhere without meeting with evidence of individuality, and finding expressions of opinion, suggestions in treatment, or other matters of interest not to be found in any other book. The author pays very little attention to the very unusual class of cases, but deals with special thoroughness in the commoner ones, thus making the book pre-eminently valuable to the general practitioner, as is stated by the author to be his object. Every portion of the work can be commended because of its up-to-date character. Some of the more difficult things in practice are made quite simple, thus encouraging men to undertake work which they have never done before, which, we think, is quite correct, for nearly all things become quite simple when once they are mastered. The chapter on pessaries is by all means the best one that we have ever seen. Despite the title of the work, the author does not hesitate, when opportunity offers, to give practical suggestions of a business nature. Chapter I, on the outfit required to do gynecologic work, is about right, and shows that $50 is ample to cover this expense. The work is the outcome of the successful reception of the serial articles, by which it was preceded, appearing in THE MEDICAL COUNCIL. We bespeak for it a large sale and an enthusiastic reception, and would say that the third part, the smallest of the three, is worth many times the price of the book, and will serve much better as a guide in treating the ills of women at the change of life than any other work upon this subject of which we have knowledge. The text is preceded by a good table of contents, and ends with a copious index. It abounds in common sense, practical pointers of a monetary value, and encouragement of the general practitioner to do the major share of his own work. No one in general practice can afford to do without it, and it is so full of practical truth that it must be read and re-read to secure the full benefit it is capable of yielding.

HEMMETER. DISEASES OF THE INTESTINES; Their Special Pathology, Diagnosis and Treatment. With Sections on Anatomy and Physiology, Microscopic and Chemic Examination of the Intestinal Contents, Secretions, Feces, and Urine. Intestinal Bacteria and Parasites; Surgery of the Intestines; Dietetics; Diseases of the Rectum, etc. By John C. Hemmeter, M. D., Philos. D., Professor in the Medical Dept. of the University of Maryland; Consultant to the University and Director of the Clinical Laboratory, etc. In Two Volumes. Volume I—Anatomy, Physiology, Intestinal Bacteria, Methods of Diagnosis, Therapy and Materia Medica of Intestinal Diseases, Diarrhea, Constipation, Enteralgia and Enterodynia, Meteorism, Dystrypsia, Enteritis, Colitis, Dysentery, Intestinal Ulcers, Intestinal Neoplasms, etc. With many original Illustrations, some of which are in colors. Published by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia. 1901. Large Octavo, 740 pages. Price, $5.00 per volume.

This is a distinctly original and American work, and contains information that is absolutely necessary, and exceedingly valuable, to every general practitioner of medicine. It not only represents the views of a competent authority, but the gist of all that is known of this subject the world over in any land, for the author has been indefatigable in making researches, the evidence of which consists in the hundreds of references the work contains to articles upon this subject in general medical literature for many years past. The extent of the labor involved in so much research can be better estimated when we say that most of them are by foreigners. The book is, therefore, an epitome of the latest knowledge and best thought upon this subject by the most competent authorities. It is magnificently illustrated by both borrowed and original cuts and plates. The first volume, which is all that we are now considering, is divided into three parts. The first relating to anatomy, histology, physiology, bacteriology and pathology of the intestines, and physical methods of diagnosis, all of which is told in eleven chapters, covering 272 pages. The second part relates to diet, and the therapy and materia medica of intestinal diseases, comprising two chapters of 76 pages. The third part is clinical, and is suggestively named Intestinal Clinic. It consists of nine chapters, covering 330 pages. Four other doctors, besides Dr. Hemmeter, share with him the authorship of this book, as follows: "The Anatomy and Physiology of the Intestines," by Dr. J. Holmes Smith; "The Examination of the Feces and Urine," by Dr. Henry Alder; "On Intestinal Bacteria," by Dr. Wm. Royal Stokes; and "Diseases of the Rectum," by Dr. Thos. Chas. Martin. It is *the* book upon the subject, and one that any doctor will be the gainer by using.

Could not practice without THE COUNCIL.

DR. O. CURTIS RICKSECKER.

Wilmot, Mo.

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Useful Notes.

Postal Currency to Supply a General Want.

From *The Washington (D. C.) Post.*

A measure intended "to prevent robbing the mail, to provide a safer and easier method of sending money by mail, and to increase the postal revenues" is pending in Congress and should receive consideration. Its passage would not entirely prevent mail robbery, but it would reduce the number of such crimes by reducing the profits accruing from their successful perpetration. It would certainly provide a safer and more convenient method of sending money by mail, and unquestionably would increase the income of the Post Office Department.

To adapt these post-check notes to their purpose it is provided that the words "payable to bearer on demand," which appear in the notes for which these are to be substituted, shall be eliminated, and in place thereof shall appear the words, "Payable to the payee named hereon; payable to bearer if the spaces are not filled." Every device to insure absolute safety appears to have been incorporated in this bill. The fact that more than half of all the post-offices in the United States are not money order offices is a sufficient reason for providing this species of currency, "instantly transferable into safe money to send through the mails" It will answer every purpose of money in ordinary business, and will be changeable into a personal check on the United States Government by the simple process of writing a name. The saving that the government would effect by substituting these notes would, it is estimated, be about $600,000 a year. As an accommodation to millions of persons, the scheme commends itself to general approbation.

Possibly the pending bill may require some amending, but the purpose is good, and the carrying of it out would greatly enhance the utility of the mails, while reducing expenses and increasing net revenues.

Newspaper publishers, business men and farmers realize the benefit from having money in the hands of the people that could be instantly made into a money order without the delay and expense of a journey to the post-office. Ladies would appreciate its convenience. Even with free rural delivery the farmer has no convenient and safe way to get the money for his daily paper to the publisher. Everyone interested should write Senators and Representatives requesting that the Post Check Currency be furnished the people. For specimens of the proposed currency, address Post Check Currency Bureau, 825 Vermont Ave., Washington, D. C.

To THE MEDICAL COUNCIL:

In eighteen years I have used a number of different books, and tried various schemes for keeping accounts, so as to have them legal, but for simplicity and meeting all legal requirements your Physician's Pocket Account Book beats them all.

J. W. SHELAR, M. D.

Mount Pleasant, Pa.

Dear Dr. Taylor:—I like your Physician's Pocket Account Book very much.

H. H. TAYLOR, M. D.

Joplin, Mo.

Artificial Limbs.

Under the title "The Making of a Man," the Geo. R. Fuller Co., Rochester, N. Y., publish a handsome and instructive catalogue relating to artificial limbs. It is a book of 78 pages, with heavy coated paper, and having many fine illustrations. COUNCIL readers who apply early and mention COUNCIL will receive a complimentary copy.

Municipal Ownership.

Water Works and Electric Lighting Systems Owned by Mishawaka.

Mishawaka, Ind., distinctly a manufacturing town of 6,000 inhabitants, is one that not only believes in municipal ownership of public utilities, but votes on that belief. The water works and electric lighting system are both owned and operated by the city. The two systems are located in the same building and are run by the same plant but are under separate management. The electric lighting system has been in operation the shortest length of time, but shows better and quicker results than the other. The advantages in municipal ownership are demonstrated in a review of the electric scheme of this little city.

According to the plan inaugurated in 1895, the revenue derived from commercial lighting pays the running expenses. This scheme has been successful from the very start. There is, however, a levy of 15 cents on the $100 for street lighting. The proceeds supplied in this way are applied on the original indebtedness. The rate charged for commercial or residence lighting is extremely low, being 11 cents per kilowat. with 20 per cent. off for cash. This rate is an exceptional one, and the fact that the plant is gradually paying for itself at such a low cost to consumers is evidence in itself in favor of municipal ownership of lighting facilities.—*Indianapolis Journal.*

American Pharmaceutic Chemistry.

Triacol is a combination of three new guaiacol salts, Potassium Guaiacol, Sodium Guaiacol and Ethyl-Morphine Guaiacol, made by an American firm of chemists, the Alpers Chemical Co., 45 to 47 West 31st St., New York City. It is especially valuable in the treatment of diseases of the respiratory tract, coughs, laryngitis, bronchitis, phthisis, etc. Literature, formula and sample will be cheerfully sent to any COUNCIL reader.

Bioplasm is a combination of animal enzymes, etc., containing nuclein, lecithine, diastase, trypsin, fibrinogen, and other organic ferments, and alkaloids, but above all it contains a vital cell (dormant), which in the circulation again becomes active and performs a remedial function greater by far than the ferments and alkaloid. It is pre-eminent as a nerve nutrient, and is useful in debilitated states of the system, nervous diseases, etc. Bioplasm samples not furnished, as the amount would be insufficient to properly tests its merits. A full trade ($1.50) package sent (to physicians only) to those who have not used it, for first time, *free*, on pre-payment of transportation, packing, etc., 25 cents. For full information address Bioplasm Co., 1135 Broadway, New York, N. Y.

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To THE MEDICAL COUNCIL:

Enclosed please find one dollar for renewal of my subscription. With all sincerity it is the best medical journal I have had for years.

DR. D. M. FOSTER.

107 E. Mulberry St., Bloomington, Ill.

The Eyes.

Looking into the fire is very injurious to the eyes, particularly by a coal fire. The stimulus of light and heat united soon destroys the eyes. Looking at molten iron will soon destroy the sight. Reading in the twilight is injurious to the eyes, as they are obliged to make great exertions. Reading or sewing with a side-light injures the eyes, as both eyes should be exposed to an equal degree of light. The reason is the sympathy between the eyes is so great that if the pupil of one is dilated by being kept partially in the shade, the one that is most exposed cannot contract itself sufficiently for protection, and will ultimately be injured. Those who wish to preserve their sight should preserve their general health by correct habits of living, and give their eyes just work enough, with a due degree of light.—*Dietetic and Hygienic Gazette.*

A liberal sample (enough for ten days' treatment) of Freligh's Tonic, or Rheumatism Remedy, or Liver Medicine, will be sent COUNCIL readers by I. O. Woodruff & Co., 97 Reade St., New York. Mention MED. COUNCIL.

A man failed after trying long,
And then sat down and wondered why;
He saw not where he had been wrong,
Nor where fair chances had slipped by.
All that he did was sit and gaze
Upon the hopes strewn 'round him there
And wonder on through all his days
Why fate had marked him for despair.

Another failed and stepped aside
And saw the causes of his woe—
He saw where efforts misapplied
Had aided chance to bring him low—
And, taking note of all the past,
And turning into newer ways,
He tried again and filled at last
The hopes of all his eager days.
—*S. E. Kiser, Chicago Record-Herald.*

As regards the therapeutic value of your Pepto-Mangan (Gude) I am of the opinion that it is the best among all iron preparations. It has given excellent service not only in the lighter degrees of chlorosis and anemia, but also in the severe forms. The preparation was gladly taken by all my patients, without producing disturbances of any kind.

DR. ADOLPH KRANZ.

Vienna, August 12, 1901.

For literature, etc., address M. J. Breitenbach Co., New York. Mention MEDICAL COUNCIL.

Why and When We Feel Hungry.

A German physician says we feel hungry when the blood-vessels of the stomach are comparatively empty. Many anemic patients have no appetite even when the stomach is empty; but the blood-vessels of the stomach are not empty in such cases, but rather congested. In healthy people lack of blood in the stomach acts upon a special nerve, and all the characteristic symptoms of hunger follow. Now this hunger-nerve and the nerves of the mouth and tongue are branches of the same nerve-trunk. Hence, a stimulus applied to the tongue, by a spice for example, creates or increases appetite. On the other hand, when the nerves of the tongue are affected by a diseased condition of the mucous membrane of the mouth, the patient has no appetite, though his stomach may be empty, and he may be in actual need of food.—*Medical Times.*

The best time for making good progress with your consumptive patients is in the spring, when warmth, sunlight, and fresh air are in their favor. Write to Bromin Iodin Co. (Dept. C.) Binghamton, N. Y., for sample and literature of their excellent remedy. Mention MEDICAL COUNCIL.

Roswell Park says: "Aside from dental caries, a widely-open port of entry (to bacteria) is often afforded by those ulcerations around the margins of the gums which are produced by the accumulation of tartar." "Vegetol" cleanses the tongue, prevents these deposits, and retards the growth of bacteria. It removes the disagreeable taste of medicine, even of quinine. For sample and literature, address Vegetol Co., 11 E Seventh St., Cincinnati, O. Mention MED. COUNCIL.

Little Sayings of Little People.

It was a four-year-old who asked, "Papa, have you done anything down town to-day that you think I ought to whip you for, if I was as big as you are?"

Thermol is one of the best agents in the treatment of fevers. Iodomuth is equally good as a dressing powder. Both are made by the Liberty Chemical Co., 2555 Sydenham St., Philadelphia.

The man who likes his work has found the philosopher's stone.

In consumption, bronchitis and laryngeal affections, you will find McArthur's Syrup of the Hypophosphites of Lime and Soda an excellent reconstructive. For sample and literature address McArthur Hypophosphite Co., Ansonia, Conn.

Murder and War.

"And I thought of all the widows and orphans he had made; of all the tears that had been shed for his glory; of the only woman who had ever loved him torn from his heart by the ruthless hand of ambition. And I said, I would rather have been a poor French peasant and worn wooden shoes, I would rather have lived in a hut with the vines growing over the door and the grapes growing purple in the kisses of the autumn sun, with my loving wife knitting by my side as the day died out of the sky, with my children upon my knees, with their arms about my neck; yes, I would rather have been that poor peasant, and gone down to the tongueless silence of the dreamless dust, than to have been that imperial impersonation of force and murder known as Napoleon the Great."—*From "At the Grave of Napoleon," by Robert G. Ingersoll.*

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THE

Medical Council

A MONTHLY JOURNAL FOR THE PHYSICIAN AND SURGEON.

"WE FIND WISDOM AND STRENGTH IN COUNCIL."

J. J. TAYLOR, M. D., Editor and Publisher. | PHILADELPHIA, PA. | A. H. P. LEUF, M. D., Associate Editor.

VOL. VII. No. 6. | JUNE, 1902. | $1 00 Per Year, 15 Cents Per Copy. Foreign (Postal Union), 7s. 6d.

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Bullet Wounds in Battle and Civil Life.

A recent expression of opinion between the late Sir Wm. MacCormac, who was one of the special surgeons sent by the British Government to the South African scene of war, and a German surgeon who was also there, it appears that there is a marked difference between wounds received in battle and in civil life. MacCormac stated that the rule was, for those having penetrating wounds of the abdomen, to die if operated upon, while those which are left to Nature recover. From this, he concludes that we must modify our views in regard to interferences in injuries of this kind, and it has been said that our practice of prompt opening of the abdominal cavity, under such circumstances, is probably wrong. To this view the German surgeon objects on the ground of certain differences between penetrating bullet wounds of the abdomen received in warfare and in civil life. He reminds us that the bullets used in warfare are steel and conic, while those received in civil life are usually old-fashioned leaden balls. The former produce a clean-cut, small track, while the latter expand and lacerate the tissues.

It is well known that soldiers in battle usually have an empty intestinal tract, thus making penetrating wounds of the abdominal wall and intestines much less dangerous, because of non-extravasation of foreign material from the gut into the peritoneal cavity. In civil life, on the other hand, people are not only well- but over-fed, the stomach, or intestines, or both, almost always containing more or less food in process of digestion, which is extruded from the bullet wounds, thus setting up the usual peritonitis. On top of all this, this German surgeon, whose name we do not recall, says that the operating-rooms—at least such as he saw in the Transvaal—were unfit for the uses to which they were put, namely, surgical operations of all kinds. For instance, no attempt was made to keep out flies, so that the moment the abdomen was opened and the coils of intestines exposed, a swarm of flies settled upon them, sometimes in such numbers as to almost entirely cover them. It is little wonder, therefore, he very properly maintains, that those operated upon almost invariably died.

This leads us to add the final remark, that American surgery upon the battle-field, as well as aboard ship in our recent encounter with Spain, presents a much better showing. The neatness and scrupulous care with regard to asepsis observed by our army and navy surgeons is usually unequaled anywhere. A promi-

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nent English surgeon, who not long ago visited this country and inspected many of our operating-rooms while in active use for the purposes for which they were designed, upon his return home, expressed his unqualified admiration for the superior detail manifested by American surgeons in their antiseptic precautions, and suggested that his fellow-countrymen imitate our care in this regard. It seems to us that the lesson from all this is, that when the most thorough antisepsis cannot be observed in the surgery of the battlefield, the injured soldier has a better chance with Nature as his surgeon than if he relies upon one of our profession under what would be an extremely hazardous disadvantage. Otherwise we will always favor prompt opening of the abdominal cavity with a view to placing the injured structures in the best possible condition for repair.

A New Explanation of Surgical Shock.

Dr. Eugene Boise, of Grand Rapids, Mich., presents an extremely interesting article upon this subject in the *New York Medical Journal* of April 12, 1902. He opposes the generally-accepted idea that surgical shock consists in a profound general relaxation. He maintains that the entire condition is due to heart-spasm, with consequent lowering of the arterial tension, because of the supply of blood to the arterial system. This being due to the failure of the heart to relax sufficiently for the inflow of the usual quantity of blood to be passed on to the aorta. He quotes from Agnew's system of surgery in reference to death from shock, "when a fatal termination is to follow, death may be sudden, produced by heart-spasm, the ventricles forcibly contracting and then ceasing to beat."

On the same subject he quotes from the American Text-book of Surgery, that "the heart has been found contracted and empty." Also from the *Medical and Surgical Reporter* of October 12, 1895, in the case of a woman who, on being suddenly told of her son's death, fell to the floor and expired; the autopsy showed rupture of the left ventricle of the heart. He very properly suggests that these cases show that death could not have resulted from paresis of the heart and arteries.

He refers to Landois and Sterling's Manual of Physiology, page 106, as showing experimentally that severe stimulation of the sympathetic causes heart-spasm and low arterial tension. Also, that other laboratory experiments have shown that electric stimulation of the vaso-motor system causes conditions similar to what we find in shock. He gets another argument for his position by the cold sweaty skin of shock, which he says can only be explained by his theory, that is, stimulation of the sympathetic nerves distributed to the sweat glands. He quotes Howell's Text-book of Physiology, in which reference is made to Goltz's description of the sweat-gland nerves in 1875, and mentions the fact that stimulation of the periferal end of a divided sciatic nerve will cause sweating, even after the limb is amputated. Also, that if the leg is exposed to a higher temperature after division of the nerve, it becomes suffused with blood, but remains dry, the nervous mechanism governing the sweat glands having been severed. This again is changed by electric stimulation to the periferal end of the divided nerve, resulting in profuse perspiration. Thus he shows that the sweating in shock is due to nerve-irritation rather than vascular conditions.

Contrariwise, the excretion of urine is dependent upon vascular conditions re-

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quiring a certain blood-pressure, below which it is difficult or impossible for the kidneys to functionate, and thus we find, as we would expect from Boise's theory, that the production of urine is diminished or entirely suppressed in shock.

Relaxation of the sphincters, which are under the control of the voluntary nervous system, is what would be expected, though the active susceptibility of the sympathetic nervous system is increased, such as the peristaltic movements of the bowel. The inhibition of cerebral spinal activity is due to anemia.

The practical lesson to be drawn from this view of shock is its application to treatment. The author, therefore, suggests the use of nitrate of amyl and glonoin for their important relaxing effect, and of opium, strychnine, intravenous saline solution, and extraneous heat for their more enduring effects. This treatment is immediately followed by a restoration to normal conditions, or nearly so. The strychnine must be given in large doses, for, as he says, quoting from H. C. Wood's Therapeutics, edition of 1892, page 436, "it has been shown by experiments of Klapp that the primary stimulation of the vaso-motor centers (by moderate doses of strychnine) is followed by fall of arterial pressure and vaso-motor palsy. Also, that *very large* doses produce *immediate* suppression of the vaso-motor centers and fall of blood-pressure." According to Bartholow, "a large toxic dose of strychnine will paralyze, instead of stimulate, the vaso-motor centers in the medulla and thus prevent any rise of blood-pressure." According to Dr. Carl Heinaman, "large doses cause diminished frequency of cardiac movements with dyastolic pauses." La Hausse has shown that "large doses slow the movement of the heart by a paralyzing influence on the intra-cardiac ganglia."

Concerning the efficacy of the intravenous injection of saline solution, he maintains that it is not explainable on the ground of its filling the bloodvessels, but because it has a sedative relaxing effect upon the spasmodically contracted heart-muscle by means of its warmth. In evidence of this, he refers to the now well-established fact that these injections are most effective in this condition when the solution is used at a temperature of 115° Fahr.

We have been thus explicit in recapitulating this valuable article because we deem its author's views to be correct, and, necessarily, the treatment he advocates to be the only one proper in this condition. We should be glad to hear from our readers on this point whenever they have occasion to put his suggestions into practice.

Cure of Malignancy by Oöphorectomy.

Dr. Wm. H. Simmons, of Bangor, Me., in the *Medical Record* of March 15, 1902, relates the case of a married woman between 40 and 45 years of age, who had never been pregnant, and had always suffered from dysmenorrhea; who had an undoubtedly malignant ulcer of the breast of more than three and one-half years' duration, and measuring about 4½x3½ inches, and occupying the site of the left breast, which had been destroyed. Both of her ovaries were removed and were found small, prolapsed, very fragile, and densely adherent, with a troublesome adhesion of the left ovary to the sigmoid flexure, necessitating considerable deep suturing to control bleeding. Recovery was quite uneventful, the dressing being removed on the tenth day. The ulcer was completely healed in just eleven weeks after operation, being covered

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with a firm, smooth, dry scar that still exists, operation having been done on September 30, 1901. The ulcer dressing before and after operation consisted of carbolized vaselin. Granulation was first noticed about four weeks after operation.

This is merely an additional instance of the inexplicable efficacy of oöphorectomy for the cure of malignant conditions. It does not always succeed, but does in so large a proportion of instances, that it seems more promising of success even than the removal of the growth itself.

The Osborn Treatment of Small-Pox.

Elsewhere we publish a report by Dr. S. S. Bogle, upon this subject. His experience, and that of many others, tend to show that the bathing of the surface twice daily with a strong bichloride-of-mercury solution is a very, if not the most, efficient treatment of small-pox with which we are acquainted, but we must qualify this by adding, in those sections of the country from which these uniformly successful reports emanate. We have found that the bulk of this evidence is from the southern portions of the country, largely west of the Mississippi. Experience with it in our section has not, thus far, yielded nearly as good results. It would appear from this, that climatic conditions so modify the disease that it yields better to the local antiseptic treatment, especially with the bichloride, in the southwestern quadrant of the United States than it does in the northern and more densely populous sections. That the treatment is efficient in the territory mentioned has been certified to in so many instances, and by so many observers thousands of miles apart, that the possible coincidence of mistaken diagnoses, or of mild attacks or other modifying causes that would result in successes which might be credited to this particular treatment, that coincidence can no longer be considered a factor in opposition to accepting this treatment as of demonstrated efficacy. It requires more experience to determine why it has not been as successful in the north and east; whether due to climatic modifications of the disease, or to the improper application of the remedy, or any other cause. It is in order that our friends in the northeastern quadrant of the country, who have tried this treatment, should report their experiences.

The case reported by Dr. G. W. Bolkcom, of Tower, Minn., is one of bichloride poisoning during the use of this treatment. It may, as he says, be one of the ten thousand cases in which this may occur. We suggest, however, that mercury, being used with greater safety when elimination is most active, which certainly is true of cutaneous elimination in warmer sections, that the explanation may be based upon differences in climate. If we are correct in this surmise, the treatment will be found more effective and safer in the south than in the north.

Night Medical Schools.

An editorial in one of the leading medical journals takes us to task for some of the views we expressed in the February number of THE MEDICAL COUNCIL in reference to night medical schools. The criticism is due to a misapprehension. We spoke in favor of giving every man a chance who was specially qualified by nature to take advantage of it in a way that would not be possible by attending the courses of lectures in the ordinary medical school, particularly with a re-

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quirement of a degree in the arts before entering upon the study of medicine. We made no objection to students being instructed in the use of instruments of precision, and all that the latest developments in medical science have shown to be necessary to the proper practice of medicine, but we do object to useless waste of time in repeatedly doing unnecessary things, such as the cutting and mounting of sections, and many hours of uselessly-repeated work in the chemical laboratory. We also objected to the enforced memorizing of minutiæ, a knowledge of which is absolutely useless in the practice of medicine, such as the exact dimensions of a blood corpuscle or the diameter of a capillary. Men who will make the sacrifice, we then stated, requisite in attendance upon a night-school of medicine, after the daily labor for bread and butter, are made of the material that the profession can hardly afford to lose. Such men are bound to rapidly make good whatever deficiency may result from their possibly deficient mode of education, after they begin the practice of medicine, and can afford the time to pursue the requisite additional studies.

The Use of Chloroform in Heart Disease.

Panas, in the *Bulletin de L' Acad. de. Med.* of Paris, March 4 and 11, 1902, states that he has performed 15,000 operations under chloroform anesthesia without a single mishap. He attributes this good fortune to the care exercised by the anesthetizer, according to his (Panas') theory of the mode of death from chloroform inhalation. This he believes to be due to a spasm of the glottis preventing the passage of air either in or out of the lungs, but in spite of which respiratory movements of the chest-walls continue, as if the patient were breathing, the real condition not being suspected until the patient, already as good as dead, stops these movements, after which it is too late to effect resuscitation. He insists that the anesthetizer should not only observe the movements of the chest, and feel the pulse, but that he should listen to the laryngeal souffle of the air passing in and out of the larynx. The moment this ceases, or even diminishes, chloroform should be withdrawn until normal respiration is re-established. He believes that chloroform will not kill if these precautions are observed. Nor does he think that heart disease is a contra-indication to the use of chloroform, but is of the opinion that the great danger is in individuals having sensitive nervous reflexes apt to continue for a long time after they are once excited. The extensive experience of this observer compels attention to his views, and the additional care he suggests can do no harm, is in line with the duty of the anesthetizer, and will insure greater safety to the patient as well as ease to the operator, if carefully observed.

Treatment of Phimosis by Dilatation.

F. Wenzel, in the *Munchener Med. Wochenschrift*, February 18, 1902, calls attention to the cure of phimosis by dilatation instead of cutting. This is being quoted in the medical journals without any comment that would disabuse the reader's mind of the impression that the suggestion is a new one. It is, however, quite an old remedy, and an article upon which subject appeared in the MEDICAL COUNCIL of April, 1896, by Dr. Wm. Shaw Stewart, in which a number of cases, all cured by this method, were cited.

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The Cramming vs. the Reasoning Process in Education.

A letter some time ago by Dr. Charles E. Woodruff, of the regular army, in *American Medicine*, relative to the mode of education at West Point, has attracted considerable attention, particularly on the part of those interested in educational matters. He shows that the mental pressure exerted upon our military cadets is extraordinary, and far beyond the capabilities of even an exceptional mind to endure without disabling effects. West Point probably holds the record for mental cramming. It has justly been remarked that the quickness of mind and memorizing required for entrance to, and continuance at, West Point are characteristic of many degenerate minds. And it is a well-known fact among those who have given the subject attention, that forced memorizing and quickness of response to questions relative to new things learned are damaging to some of the best qualities of the mind. But even a naturally superior mind, in both quality and energy, is bound to be seriously deteriorated, if not utterly wrecked, by a four-years' course at West Point. The same is true of the systematic courses of instruction in our educational institutions, high and low. The doctor favors fewer hours of study, a larger number of vacations, and a lessened strain upon the memory; and in all these we concur.

We have, more than once, called attention to the effects of mental cramming, claiming that it developed some of the least important qualities of the mind, to the inevitable, and often permanent, detriment of those which are its most valuable parts. The only hope of a really good mind at West Point and in all of our other high-pressure institutions is to keep as low in class-standing as is consistent with certainty of graduation. We would, if we could, abolish the entire system of examinations. They are, after all, ineffective in determining the knowledge of the student. Questions are not properly framed to elicit an answer that is even a little measure of the student's knowledge. It is far better to have classes so small that the teacher has a pretty thorough concept of the capabilities of each of its members, whereby a true judgment could be passed as to their fitness for advancement, or the merit of a degree. We consider marking and percentages absolutely ridiculous, and would much rather prefer the impression made upon the mind of the examiner at the conclusion of an examination, should one be held, that ought to be both written and oral, as well as practical, if the subject admits of this.

At no time in life is a proper system of education so important as in early childhood. The little child should be as free as the air, full of enjoyment, getting plenty of rest, and being abundantly fed in response to a normal appetite. Such children should be good-natured, cheerful, rosy-cheeked, full of life, happy, and contented. Whatever interferes with these requirements is positively injurious, as is the present method of taking a child out of bed, feeding to it a breakfast, often in a hurry, then sending it to school, where it remains for three long, weary hours, not in the pleasurable acquirement of desired knowledge, which it can take delight in using, but in the performance of irksome tasks, or in the maintenance of a cramped, rigid position within a confined space and atmosphere, until it has lost its freshness, and becomes irritable, perverse, mischievous, and otherwise unnatural. This is followed by a lunch or dinner, with a child not nearly as fit to receive it as nature intended and provided that it should be, after which, the grind

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continues for two more hours, not, as one might even now suppose, with a period of final rest and recreation, but with the mind burdened with a task to be done at home, the so called stupid home study. If this is done at home upon arrival there from the afternoon session, it is near early suppertime when the child is through. Meanwhile, it has missed its natural, proper and just share of fresh air and sunshine, and all that goes with them, and may be kept in after supper because of dark, cold, or wet. When one stops to consider how these things are, and how nature proposed that they should be, then must we admit that they are not only sad, but that they are a positive torture. The future, and we hope it will be the early future, will have no greater indictment against the present age, than the outrageously inhuman and stupid way in which we treat our children in the attempt to "educate" them, and the way in which we continue this as they grow older.

Then there is the much-to-be-pitied medical student. Of all the ridiculous inconsistencies and absurdities, there is none so great as a number of learned conservators of the human body ruining minds by the wholesale, by their grossly defective method of education. The very men who should understand how to train a mind at minimum cost to itself in the acquirement of knowledge and learning are the greatest offenders in this cramming process. Study upon study is piled upon the luckless student year after year, until flesh and blood are hardly able to stand the strain. It is even proposed that this piling-up process should only begin after it has steadily continued through the primary, intermediate and grammar grades of school, the high school, and the college. Not, as one would suppose, in the hope that the mind would by that time have become accustomed to the strain, but simply through utter failure to appreciate the fact that an enormous proportion of the effort made by the learner in this entire period is unnecessary, wasteful, and damaging to the integrity of the best parts of the mind engaged in them, sapping its strength, its virility, beyond recovery.

It is the function of the medical college to make good doctors of medicine. The institution which does this most effectively most subserves the object of its being. Where two years were required for this work a couple of decades ago, it is now deemed necessary to devote double the time to the same end. Diseases are substantially the same. Instruments of precision have come into use that make diagnosis more certain and more readily arrived at, and yet more than double the time is required to memorize enough to acquire a degree. It is seriously proposed to lengthen the course to five years, and where the extremists propose to stop we cannot imagine. The extra work imposed upon the medical student at the present time is absolutely useless. By it he is expected to acquire knowledge that will be of no use to him, either in determining the presence of disease or deciding upon its method of cure. It has absolutely nothing to do with making him a better doctor. For instance, he is required to potter over a microscope; to cut, stain, and mount sections of tissues, and fritter away his time in needless repeated performances of this kind in the histologic laboratory. In chemistry, he mixes various liquids in test-tubes, and observes reactions over and over again, for no other purpose than that he should be helped, in kindergarten style, to memorize a lot of stuff that it is to his interest to forget as quickly as he can upon entering upon the

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practice of his profession. We do not say that he should not have a knowledge of some of these things, but we do claim that he could readily acquire it in one thousandth part of the time he is compelled to do it in now, and thereby give him that much needed rest and an opportunity to exercise the logical faculties of his mind, his judgment, in those other studies in which these qualities are highly requisite, but an opportunity to do which is at present denied him. He will be obliged to use the microscope in practice for the making of urinary examinations, competence in which may be readily acquired in a very short time, and from further attention to which he should be excused as soon as this point is reached, even if it be within a month's time. The men who require this cutting, staining, and mounting of sections would, we have no doubt, compel the poor student to make the bones from which he studies, if they were manufactured instead of being taken from dead bodies. We would excuse from further attendance upon any kind of work in his curriculum, any student who has reached the proper degree of proficiency, as soon as this fact is determined, thus giving him more time to prepare himself in those other branches that do not come as easy to him, or in which he has not had the same opportunity. And this should be the plan throughout, of cutting down non-essential work for the purpose of affording him more time in the studies of the remaining departments, and, also, of conserving his mental and physical health, so that he may retain as much of his natural vigor as is possible. We would even develop it still more, if this can be done, so that he may enter the profession with an intellectual virility that the present methods seriously abridge, if they do not utterly destroy.

Privileged Communications—A Peculiar Decision.

The Court of Appeals of Colorado has recently decided that a lower court was wrong in excluding the testimony of a doctor from another State, New Jersey, on the ground that such testimony would violate the sanctity of a privileged communication, this being the nature of all facts gleaned from a patient by the physician. The case was that of a beneficial order refusing to pay a death-claim on the ground that the decedent had contracted consumption before he became a member of the order, thus making his membership fraudulent, and depriving his widow of the usual benefits of membership. The higher court held that the judge erred in excluding the testimony of the doctor, who had treated the patient in New Jersey two years before for consumption, on account of its being privileged, for the physician was not a citizen of Colorado, and, therefore, was not entitled to the benefits of its legislation in regard to privileged communications. To this, the *New York Medical Journal* demurs on the ground that this privilege should extend to registered physicians throughout the United States, whether within the law under which the court deciding the question acts or not.

Now we take it, on the other hand, and in this we stand upon rock-bottom ground, that this matter of privileged communication between a patient and a doctor is not nearly so much for the benefit of the doctor as it is to encourage his patient to tell all about his condition. It is to protect the patient primarily, and the doctor only incidentally in safeguarding his patient; and this protection is thrown about the patient because it is to the highest interests of the State that all its individual members should be in

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the highest health, and, therefore, state of efficiency attainable. A desideratum that would be much interfered with if thousands of people every day were not thus encouraged in telling their physicians everything, knowing that it would not, and, in fact, could not go further. Being right in this position, it necessarily follows that the Court of Appeals of the State of Colorado, with the matter again placed before it, should reverse itself upon the ground that the decedent was a citizen of Colorado, as is also his widow, wherefore, according to their own decision that the law of Colorado applies alone to its citizens, they should not deprive him of the rights that the law on privileged communications was designed to give him, and from which his widow would derive the benefits he intended to convey to her.

On Laws Against Suicide.

A recent number of *American Medicine* refers editorially to a decision by the Supreme Court of Ohio, making the suicide clause in insurance-policies void, and says that the habit of the world is getting to be to pity rather than to blame people who seek to take or succeed in taking their own lives. It refers also to the failure of legislation against suicide in having any deterring effect. To this we desire to suggest that it is rather difficult to conceive how anyone should expect legislation threatening suicides to be effective, for anyone contemplating self-destruction thereby expects to put himself entirely beyond the reach of the law. They expect to be successful or they would not attempt it, on which account no amount of legislation can be expected to have the slightest effect upon those seriously contemplating suicide. It can, however, and probably does, prevent pretended attempts at suicide, and to this extent such legislation seems to us unquestionably valuable.

Renal Extract in Uremia.

According to an editorial in the *Journal of American Medical Association* of February 22, 1902, so-called uremic poisoning is not due altogether to the absorption of urea, but is also attributable to the failure of the kidneys to secrete a substance peculiar to itself, the nature of which is not yet understood. That condition of the kidneys which is most likely to be followed by uremic symptoms, interstitial nephritis, is most markedly benefitted by renal extract. Animals from whom both kidneys have been removed have had their lives prolonged four or five times beyond the usual period by injecting renal juice or blood from the renal vein. It is also well established that many, if not all, of these various organs that secrete peculiar juices, and they probably all do, are effective even after being cooked, for instance thyroids and sweetbreads; from all of which it is fair to hope that a kidney stew may become the most valuable dietary of the chronic nephritic. It is, at least, well worth a trial, and can do no harm.

The Malarial Tongue.

A tongue-marking has been described as peculiar to malaria, by Dr. Lucian Loftan, of Emporia, Va., in the *New York Medical Journal* of April 12, 1902. It usually consists of two dark lines running from the base to the apex of the tongue, generally separated by a clearly-defined strip of normal mucous membrane of about one-sixteenth to one-eighth of an inch wide. They are pyramidal in appearance, and begin

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among the large papilla at the base of the tongue. They vary in width from an eighth to a fourth of an inch, and gradually come to a point in the middle of the tongue. In color they resemble the stain of a 1-per-cent. solution of potassium permanganate that has been exposed to the air for some time. They are most likely to be found from a day to two weeks from exposure or inoculation. They remain longer in some persons than in others, and longest in the negro. It is more beautifully defined from six to twelve hours after the initial sporulation, and remains until the system is thoroughly cinchonized. The markings are not removed by purgation. Only a single line will be found more often in the negro than in the white man. He says that, out of several hundred of these cases as primarily seen, but few have had any rise of temperature until after twenty-four to thirty-six hours have elapsed.

Supra-Renal Extract in Pneumonia.

Dr. E. A. Gray, in the *Medical Record* of April 5, 1902, reports cases of pneumonia in which he used supra-renal extract with satisfactory effects as a heart-brace in impending failure of this organ. He found it efficient in impeded pulmonary circulation, even with associated nephritis. We do not know that this drug is more efficient, or even as reliable, as some of the other well-known and long-tried heart-stimulants, but it is well to remember its effects upon the heart in giving it in other conditions.

The most important advance, however, in the treatment of pneumonia, in our judgment, has been in the discovery of the remarkable efficacy of creasote in the treatment of this disease, in which it is given at the rate of a drop per hour.

Thyroid Extract in Urticaria.

Dr. J. W. Roussel, of New Orleans, in the April, 1902, number of the *New Orleans Medical and Surgical Journal*, makes a brief clinic report of three cases of chronic urticaria cured by taking a 5-grain tablet of thyroid extract three times a day. In one, improvement was noticed from the third day, and she took two hundred tablets in all. In this case the extract was used in the hope of reducing obesity, upon which, however, it had no effect. He successfully employed it in two other cases for its effect upon the urticaria. He has, however, found it useless in acute cases. We should very much like to have reports upon this subject from our readers.

Methylene Blue a Sedative.

Drs. D. E. Hughes and Elizabeth Lovelace, in the *Philadelphia Medical Journal* of March 22, 1902, report a number of cases of excitement in the insane relieved by methylene blue. They were induced to make this experiment after learning of Bodoni's experience of its sedative effect in nephritis, and his suggestion that it might have a similar effect upon the nervous system and other structures. They found that it induced sleep at night, and stopped excitement during the day without causing sleep. It became effective within three or four hours after administration, and continued so for from fifteen to twenty hours.

Dr. Leuf's articles upon "Disorders of the Sexual Function in Man" will be resumed in the next issue of THE COUNCIL, taking up the consideration of Gonorrhea.

We invite full and free discussion of important medical and surgical subjects in THE COUNCIL. Doctor, exchange your experiences with your fellow-practitioners. Let us have your new points of diagnosis and treatment.

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Original Articles.

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On the Surgery of the Heart.

Embodying a Claim to Priority.

By A. H. P. LEUF, M. D.
Philadelphia, Pa.

In the *Medical Record* of December 23, 1882, there appeared an article by Dr. B. F. Westbrook, of Brooklyn, relative to aspirations of the heart for its relief in certain conditions of over-distention. This led to adverse criticism by Drs. Hal C. Wyman and Wm. S. Cheesman, in the same journal of January 20, 1883, and another by Dr. C. L. Dana in the same, dated February 3, 1883. There also appeared a paper by Dr. John B. Roberts, of this city, in the *Medical News* of January 13th, favoring surgical interference in certain conditions of the heart, and citing several reported instances of penetrating wounds of this organ. A rather caustic editorial against cardiac aspirations appeared in the same journal of February 3, 1883. Dr. Westbrook again voiced his belief in the utility of his procedure, as appears in the Proceedings of the Kings County Medical Society for October, 1883.

The *Edinborough Medical Jonrnal*, of March, 1884, contained a letter, signed an "Asylum Assistant," reporting the case of an insane patient who had run a large needle through the chest-wall and into the heart, where it remained for quite a while before it was discovered, the projecting end moving to and fro synchronously with the heart. The next paper to appear upon this subject, so far as I am aware, is my own, in the *American Journal of the Medical Sciences*, of January, 1885.

No man who studied medicine twenty odd years ago, and is still practicing medicine, can help realizing with full force the marvellous advances made by surgery in that time. Operative interferences then undreamt of are now well-recognized procedures. I was actively engaged in vivisection work in the early '80s, for Drs. Jos. H. Raymond and Landon Carter Gray, as well as on my own account, at Long Island College Hospital, Brooklyn. The impunity with which almost any portion of the bodies of animals could be cut into, or portions cut out, without destruction of life, or more than temporary impairment of function, was so manifest, despite the absence of careful technique and antiseptic precautions, that the conviction irresistibly forced itself upon my mind, that hardly any portion of the human body should be considered sacred against surgical interference except where this was self-evidently so, for instance, the respiratory center.

As early as 1880 and 1881, I contended constantly that exploratory operations of the different cavities, without exception, were justifiable, and predicted that they must inevitably become generally recognized as feasible. I maintained against all opposition, that there was no reason why a careful surgeon, who was also a good anatomist, could not trephine any accessible part of the skull, regardless of the location of arteries and venous sinuses. It suited my young, ardent, and combative disposition, at that time, to have frequent encounters with numerous adversaries in maintaining these views. It is almost needless to say that the discussions were often heated. I had to bear with equanimity unqualified aspersions as to the soundness of my mental state.

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I was laughed at then by some who have now gone to their final account, thus denying me the opportunity of enjoying the best of laughs, the last. I recall a two hours' discussion on the streets of Brooklyn with a busy practitioner, holding the dignified position of professor at the Long Island College Hospital, on this very question of the feasibility of exploratory laparotomies. He seriously doubted that this would ever become a recognized procedure, though I maintained that it would, and that at an early date. He has made many since then, and does so now every year. But I will return to the subject in hand.

My own article of January, 1885, related to a peculiar form of pulmonary congestion, ending in sudden death, in which the cavities of the heart were enormously distended, and for the relief of which it seemed to me that there was nothing else feasible than direct aspiration through the heart-wall as suggested by Westbrook. In this article, I remarked as follows, in reply to the adverse criticisms of Drs. Wyman and Cheesman relative to Westbrook's operation that was called cardicentesis: "It is hard to conceive how the cardiac valve might ever be stitched up, but that divulsion of the cardiac orifices is much more plausible can readily be seen. I have long ago deemed divulsion of these openings a practicable operative procedure, and should not hesitate to have it done upon myself in case of stenosis of one of my own cardiac orifices. Lack of thorough anatomical knowledge makes even bold surgeons timid at times. And this was a fact that was fully appreciated by Professor Billroth, when he exhorted his students to thoroughly master anatomy ['Anatomy, gentlemen, Anatomy! Anatomy! A human life often hangs on the certainty of your knowledge of this branch!']"

It is gratifying to me to be able to look back to 1881–82 as the time when I made 80 per cent. of the observations upon the cadaver, of many of which I still have the original records, upon which were based the points of election settled upon by Dr. Westbrook for the introduction of the needle. We went over these data together, and agreed at the time upon this point. He is now dead, and the profession of Brooklyn has lost in him one of the most promising men its ranks ever contained. I mention these facts as evidence of the interest that was taken in the possibility of future surgery of the heart at that relatively early day.

Now we find, in the March 8, 1902, number of the *New York Medical Journal*, on pages 419–20, an editorial in reference to an article by Sir T. Lauder Brunton, that appeared in the *Lancet* for February 8th, under the heading of "Preliminary Note on the Possibility of Treating Mitral Stenosis by Surgical Methods." This credits Brunton with having "some time ago" conceived the idea of the feasibility of dividing the cardiac valves in stenosis in lieu of the impossibility of ever successfully treating this condition medicinally. "Some time ago" can hardly be presumed to extend back twenty years or more. He tested his idea by experiments upon animals, thus convincing himself of the comparative harmlessness of cardiac manipulations of almost any kind. The application of his suggestion he leaves to surgeons.

Brunton's proposition is viewed by the editor of the *New York Medical Journal* with "bated breath." The editor further says of this operation that "a blinder procedure it would be difficult to imagine." To this I cannot agree. There are subcutaneous tenotomies, not necessary to enumerate, in which the danger of damage is even greater than in that of section of the cardiac valves.

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One element of danger has not been suggested, and this I deem to be the only one, aside from the possibility of hemorrhage, from the insertion of too large an instrument. I refer to the possibility of cutting the *chordæ tendinæ*. If enough of these are severed, the sufficiency of the valve segment to which they have been attached would be destroyed, thus permitting a regurgitation that might prove disastrous; but even this objection and danger could be minimized, perhaps even entirely eliminated, by the use of a proper instrument.

Lauder Brunton certainly was not the first man to have suggested the feasability of section of the cardiac valves for stenosis. Since the publication of my paper in January, 1885, in which I incidentally mentioned the feasability of divulsion of the mitral orifice for stenosis, and the reading of which sentence before the Northampton County Medical Society, at Bath, Pa., the year preceding, called forth smiles of derision, there have been numerous cases of suture of the heart from stab wounds, the first of which, however, was not reported until twelve years after the reading of my paper, to wit, in 1896, one by Cappellen, and the other by Farina in the same year. Others followed in rapid succession, until now we have about 30 reported cases, in which about one-third recovered. A most remarkable showing in view of the opinions held concerning cardiac surgery only twenty years ago.

A tabular statement of 24 of these cases may be found in an article by Geo. Tully Vaughan, M. D., of Washington, D. C., in the *Virginia Medical Semi-Monthly* of March 7, 1902, page 536. An instructive, though fatal, case of heart-suture is also reported by H. L. Nietert, M. D., of St. Louis, on page 1034 of the *Philadelphia Medical Journal*, of December 14, 1901. The patient was unconscious from loss of blood and compression of the heart by the surrounding effused blood, so that no anesthetic was required, and he recovered perfect consciousness during the removal of the extravasated blood from the pericardium. No perceptible shock was noticed while the heart was being manipulated. He died thirty-three hours after operation, with total suppression of urine during this entire period. His condition was otherwise quite favorable within an hour of his death, at which time his temperature was 104°, and his pulse very rapid. He remained conscious up to the last moment. He was 22 years of age, and weighed about 180 pounds. It seems to me that this death was attributable to the suppression of urine, and that it was possible for those in charge to have resorted to better means to guard against this fatal end than appears to have been exercised. It seems to me that more strenuous efforts should have been made to encourage the supplementary elimination of urea by the skin and bowel than seems to have been done. Besides this, active counter-irritation or cupping might have been beneficent, and certainly could not have been harmful, in the lumbar region.

In most of these cases, the knife penetrates the pleura before entering the heart. In that event, if bleeding is free, the patient may rapidly bleed to death into the pleural cavity. It was otherwise in Nietert's case, in which the pleura was not entered, thus limiting the extravasated blood to the pericardium, resulting in compression of the heart, thus interfering with its work in diastole. A whizzing or splashing sound, or both, in stab wound of the heart, indicate penetration of the pleura and lungs, resulting in admixture of air with blood, without which these sounds would not be possi-

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ble. It seems almost needless to say, that an extra-pleural wound should be approached without entering this sac.

Another interesting fact in this same case is, that the forcible drawing up of the heart to the opening in the chest-wall, to be sutured, was not followed by the slightest tearing or shock, though done with forceps. In short, experience has shown that the heart is a tough organ that in no way seriously resents mechanic interference. In fact, there is every reason to believe that this very interference stimulates it to renewed and increased effort when it is about to give up.

The only immediate danger in the surgery of the heart is from hemorrhage. The secondary ones are from septic infections of various kinds, involving the blood, endocardium, heart-muscle, pericardium, pleura, lungs, and the tissues of the chest-wall that have been severed, including the bone cartilage. The latter danger is more likely than in most other operations because of the great haste in which it is usually necessary to begin and continue work. Many of these deaths occurring from hemorrhage, it is advisable, at the same time that steps are taken for the operation, that preparation should be made for intravenous injection of decinormal salt solution.

An old adhesive pericarditis would favorably modify the effects of a stab wound upon the heart, provided the wound was extra-pleural, for there would be no opportunity for hemorrhage except into the anterior mediastinum, in which the connective tissue, though loose, would offer some bar to the extravasation of blood. The danger of compression of the heart by effused blood would be nullified; so, also, would that of a pericarditis.

This paper is already longer than I originally intended. It is written simply to call attention to the fact that the possibility of present cardiac surgery was pointed out more than twenty years ago, that the earliest deliberate attempt at it was made by Westbrook in 1881–82; and that I am on record as having publicly expressed my faith in it as early as 1884, sufficient to be willing to have my own cardiac orifices divulsed by mechanic means if they were stenosed. In all these years I would certainly have done considerable cardiac surgery had I had the opportunity, and in some things—as, for instance, section or divulsion of the cardiac valve—also suitable backing.

2353 N. Seventeenth St.

Sterility in the Female, and Its Curability.

By S. L. KISTLER, M. D.
Los Angeles, Cal.

The slight attention paid to this subject is possibly due to lack of information as to value of treatment, and partly because of disinclination for the burdens of maternity.

In this paper I shall avoid prolixity, as the subject is one which admits of great extension. Therefore, I shall, of necessity, treat it in a casual way only.

The conditions may be either acquired or congenital, and, in taking the matter up, I will consider the term "sterility" or "barrenness" to apply to women who, under favorable circumstances, fail to procreate. I might be more exact, but to do so would only confuse, and my excuse for presenting this paper is to call attention to a subject of much importance to all practitioners, as it is fast becoming more and more widespread, and it behooves the doctor to use his best efforts to remedy the defect when called upon.

The Causes of Sterility

May be enumerated as follows:

1. I believe that many cases of this condition, as well as of uterine disease in general, are the result of loss of sympathetic nerve-force, the effect of disease or injury arising from sexual demands.

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2. An indefinite number of cases are undoubtedly the result of imperfect participation of the uterus in the sexual orgasm, and the consequent lessened respiratory action of the uterus.

3. Inactive ovaries.

4. Inactive condition of the uterine mucosa.

5. Congenital deficiencies, anomalies of the hymen, and malformation of the congenital tract.

6. Arrested development of ovaries and tubes.

7. Excessive acid reaction of the secretion of the vaginal mucous membrane, and catarrhal changes in that of the uterus and tubes.

8. Vaginismus, neurasthenia, exhaustion, physical decadence, nymphomania.

9. Amenorrhea, dysmenorrhea, narrow internal and external os.

10. Flexions, versions.

11. Laceration of cervix, profuse leucorrhea, endometritis.

12. Gonorrhea, especially with involvement of adnexa.

13. Constitutional diseases and conditions.

14. Neoplasms, myomas, malignant growths, hypertrophy.

15. Ingestion of certain articles of diet and medicines.

16. Obesity.

17. Incompatibility.

18. Higher education.

Treatment.

When a case applies for treatment for sterility, we must bear in mind the fact that not all cases are imputable to women. Indeed, "Dr. Vedder, who carefully examined 300 married women (and their husbands) who were childless, proved, in effect, that 70 per cent. of his particular cases were due to the man, either directly in consequence of functional impotence or absence of spermatozoa, or indirectly by infection of the woman with gonococci. In 30 per cent. of his cases the cause was due to the woman, and most generally owing to neoplasms or atrophy of the uterus." Regarding this quotation, will say, that I believe the reverse holds true in this part of the country. Therefore, if treatment, either indicated or tentative, does not yield results within a reasonable time, we should proceed to investigate the husband's condition before we carry treatment further.

It behooves us to search diligently until we find the cause, and, if found incurable, the patient may be so informed, but I would advise all to go slow on this point, as our patient may, on the other hand, become *enciente*, much to our chagrin and discomfiture. So, as before noted, search diligently for the cause. Get as complete a history of the case as possible, for many factors may enter, and heredity cut a wide swath in helping us arrive at a conclusion. The poet who said "Every man is an omnibus in which ride all his ancestors," may have spoken concerning the very case you have in hand.

Slight or minor diseases of the ovaries and tubes are said more often to cause the condition under consideration than more severe troubles. And this because of the intricate and difficult adjustment of the pavilion of tubes to ovaries. As this relationship may be set aside by the most trivial vice of structure or disease.

Arrest of development or disease of ovaries seldom cause sterility, as both are rarely diseased at the same time. Likewise many women conceive readily in whom orgasm is deficient or absent.

General treatment embraces remedies from borax down to Key-Tsi-Ching, a famous Japanese remedy, and on down to Lawsonia Inermis, a celebrated Arabian cure.

Probably our most beneficial remedies are belladonna, the auric salts, and electricity, combined with such local treatment as is indicated.

Tone up the nervous system and prohibit frequent coitus. Tone up the uterine mucosa, for conception may occur, and the result be blighted early if the condition of the mucosa is unfavorable.

For inactive ovaries and atrophy, we have valuable aids in electricity, protonuclein, ovarine, thyroids, sabal serrulata, ignatia, and such other agents as

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are indicated, and tend to develop and bring to maturity.

In congenital deficiencies, anomalies of the hymen, and malformation of tract, the help of the surgeon must be had, when he will remedy the condition, if possible. Likewise, we must call the surgeon in cases of laceration, neoplasms, and malignant growths, and, if thought necessary, in cases presenting myomas, though it is supposed that they very seldom cause the condition.

Excessive acid reaction of vaginal secretion may be often corrected by use of suitable alkaline douches. Further treatment will consist in toning up the mucous membrane. Catarrhal conditions of not too severe a type may be treated by applying solutions of arg. cit. or iodized phenol, and in cases presenting marked hurt in the endometrium, the above is profitably used before applying the curette.

Of course, all malposition must be corrected as soon as possible. "Graily Hewett" reports thirty cases dependent upon flexions and versions cured by remedying the abnormality.

Vaginismus, neurasthenia, exhaustion, physical decadence, nymphomania, and all neuroses appearing, demand careful investigation in order that the source of trouble may be discovered, and, if possible, remedied. Amenorrhea and menorrhagia are other occasional causes of sterility.

Since the days of Marion Sims, we have been taught that the chief reason for sterility, attributable to the woman, is narrowness or flexions of the uterine canal. But when it is remembered that the narrowest pinhole os will admit a sound on careful manipulation, which is many times larger than the self-propelling spermatozoid, it will be seen that this reasoning is scarcely satisfactory, and it is doubtless due to the operative furore that the popularity of the stenosis and atresia theory of sterility continues. Since the time of Sims and Simpson, practically no form of treatment has been employed save some method for opening or enlarging the canal, a procedure which not only has been, as a rule, ineffective, but has been followed by morbidity and mortality, especially after slitting the cervix.

Being satisfied with the effect of electric currents, and accepting the evidence offered, we believe that we have in it a treatment far and away in advance of any other means known at the present time. Sims' assertion that sterility can only be cured by surgical interference is untenable; rather use medication that raises the nutrition of the entire organism. "And now we are told to feed or starve the woman according as we wish male or female progeny."

Constitutional diseases and conditions call for such measures as their respective types indicate.

In case of very large vagina, recourse may be had to artificial fecundation.

Avoid the use of articles containing tannin, also forego the use of antiseptics.

In case of absence of ovaries, Knauer has reported "successful pregnancy following transplantation of ovarian tissue."

Obesity produces sterility by mechanic pressure, and by excess of fat in the blood, thus causing amenorrhea, and ripening and bursting of the Graffian follicle is thus prevented. The treatment is obvious. Always bear in mind that such cases may be the result of senile decay.

If gonorrhea has sealed up the ends of the tubes, their restoration *ad integrum* is scarcely possible. However, as a *dernier ressort*, an explorative incision will show if the condition be possibly remediable.

A noted American gynecologist has said that he "never knew a woman to bear a child after having had gonorrhea." This statement none of us believe.

Finally, in the treatment of sterility, we should bear in mind the fact that each case is a law unto itself, and we should study it as though it were the only one, remembering the great number dependent upon slight causes.

Conclusions.

1. The great majority of cases of sterility are dependent upon slight causes.

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2. The greater number of cases are curable.

3. Many apparently hopeless cases are curable.

4. The length of time a case has persisted is no bar to treatment—providing organic change has not obtained that precludes possibility of cure.

5. Treatment used must always depend upon the case in hand.

No. 3416 Vermont Avenue.

Obstruction of Gall Ducts.

By I. B. WASHBURN, M.D.
Rensselaer, Ind.

The patient, a veteran of the Civil War, aged 64; occupation, physician and surgeon.

He contracted a chronic diarrhea in 1862, that was worse in hot than in cold weather until six years ago, when it continued bad all the year.

He obtained most relief from intestinal antiseptics, subgallate of bismuth serving a better purpose than the sulpho-carbolates, salol, etc.

About three years ago he consulted an intestinal expert because of the intestinal disease accompanied by jaundice of the sclera and skin, pruritus from crown to sole, so bad that it prevented sleep or rest unless under the influence of a hypnotic. His urine was as dark as port wine, and his stools were a light gray color. There were no pain, fever, or other symptoms of serious import. The diagnosis was "catarrhal jaundice causing obstruction of the bile ducts." He suggested that the patient consult a surgeon, but this was not done until several months later, when one of the most noted in the city of Chicago was called upon, who, after a careful examination, said "the obstruction is most probably caused by gall stones," and proposed an operation for relief.

After due preparation, the operation was performed, but no gall stones were found. The bile cyst was atrophied to half its normal size, and there were peritoneal adhesions between the liver, stomach, and pancreas, which were broken up. No other pathologic condition was found, notwithstanding that the existence of carcinoma and hypertrophy of the liver had been suggested by some of his medical friends.

The first day after the operation the patient suffered very much from pain in the region of the wound. This was controlled so well by hypodermics of morphine that the patient declared himself much better the next day. The icterus began to disappear at once, the pruritus was lessened, the wound healed very kindly, and in three weeks the patient returned to his home in good condition. The surgeon was the most surprised of anyone at this, as his prognosis had been unfavorable, his supposition having been that during his manipulations he had dislodged the obstruction, whether a small stone or a plug of mucus in the common duct is not known.

After two months, the patient had recovered so that he resumed practice, taking long rides to patients in the country. This he continued to do for about five months, until one day, after a ride of seven or eight miles in a sleigh, he was seized with a chill (the first he had ever experienced), followed by fever (104.4°), and severe pain in the region of the gall bladder, radiating over the abdominal region.

He contended that the chill, fever and pain were caused by infection, but his friends thought it due to malaria, and prevailed upon him to take an antiperiodic, which he did, his fever and general discomfort increasing nevertheless.

After this attack his urine showed the presence of bile pigment, stools were light-colored, the pruritus and jaundice returned. The attacks came upon him quite frequently, even daily.

A medical friend suggested that he take sodium succinate. Tyson mentions it in his practice, and quite a number of writers had commended it in the journals. It was lauded by one or two writers in the COUNCIL. He took it (5 grains *ter die*) for five months without noticing the slightest effect.

Following this, he consulted a professor of "internal medicine," who suggested

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that he take salicylate of sodium (10 grs. *ter die*), which he did for two months without other effect than to disturb his stomach.

Later another Chicago friend tried to relieve him by a meat diet, excluding fats, sugar, and starches. This was likewise a failure, as the attacks of pain, chills, and fever, were as frequent as before. He had slight fever all the time, ranging from 99° to 102°. By this time (October, 1901) his case was becoming desperate, when his son, who is a physician, consulted the surgeon who had operated the year before. He prescribed large linseed-meal poultices to be applied hot every 15 or 20 minutes for three hours each forenoon and afternoon, and that he take a quart of Carlsbad water (imported) in divided doses, as hot as he could drink it, every day. He followed this treatment for over three weeks, which lessened the frequency and severity of the attacks of pain, but the fever continued.

He then went back to the hospital. His physician having taken a vacation, he was referred to his colleague, who is equally eminent, and who examined him most thoroughly and ordered the following treatment. Carlsbad salts to free catharsis, with benzosol as an intestinal antiseptic, and a liquid diet.

He said that the object was to clean the intestinal canal of infection and to keep it so. The effect was all that could be asked, as it seemed not only to be immediate, but also complete, for the pain, chills, high fever, and pruritus disappeared and remained away until the salt was given less frequently and in smaller doses, when his bowels again became constipated, not moving for nearly three days, and another attack followed.

His physician, having returned and examined him, proposed another operation, which was done, but no gall stones were found. About the same pathologic condition was noted as before: complete atrophy of the bile cyst, and a partial atrophy of the duct, with some peritoneal adhesions.

The wound was closed, and healed very nicely in three weeks. The patient then returned home very weak, weighing probably less than 115 pounds.

He was thoroughly tired of "hospital diet," having had six weeks of liquid food, and he naturally craved something more substantial.

Since his return, he has taken from 1 to 2 drachms of Carlsbad salts in half-a-pint of water as hot as he could drink, before breakfast; also benzosol, 5 grains in capsule, every 4 hours, and, if required, one or two laxative tablets evenings to insure free catharsis the next day.

He has now been at home seven weeks, has gained over 30 pounds, has had but one attack of pain in eight weeks, which was light and of short duration. He now hopes that if he continues this treatment long enough, Nature will thin the thickened walls of the duct, the lumen will be enlarged, and that permanent relief may follow.

A Bureau of Public Health.

By WILL P. BRADLEY, M.D.
Palo Pinto, Mo.

From time immemorial, man has been negligent of his physical well-being, and has ignored the very patent fact that he is, physically, a very delicate machine that needs the utmost care and attention. Men of all ages and climes have devised ways and means by which their incomes might be increased; have toiled and labored that their children and children's children might be educated, cultured and refined; have worked incessantly on their farms or in their counting-rooms to improve agriculture and commerce; but scarcely a moment's time has been given to the physical well-being of their families, save when some malady forced them to call in the family physician. Sanitation, hygiene, and proper ventilation were things unthought of save when attention was called to them by the doctor.

As the family, so is the nation. This great country of ours pays far less attention to the health and physical welfare of its inhabitants than to its commerce, growing crops, or the improvement of hogs, sheep, and cattle. The finances of the country are looked after by a great

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department; our foreign relations are cared for by a cabinet officer; the Secretary of Agriculture has the care of the farming and stock-raising of the country; and a measure is now pending in Congress for the establishment of a Bureau of Commerce and Labor, with a Cabinet officer at its head.

All these are of much importance to the country, but none, it seems to me, are more so than would be a Bureau of Public Health presided over by a Cabinet officer. The good that might be done by the establishment and proper maintenance of such a Bureau can hardly be overestimated, and none save members of the medical profession, or those who have made a proper study of sanitary conditions, are competent to judge of the far-reaching results that would accrue from the proper working of such an organization.

Year after year contagious and epidemic diseases are brought to our shores, and are allowed to be scattered broadcast throughout the land, counting their victims by the thousands. It is true the Government makes an attempt to prevent the bringing of these diseases ashore, but there is no organized effort, and when the diseases are once started, the care at once falls on the boards of health of the different States, most of them poorly organized and none of which work in concert.

As a result of negligence somewhere, presumably with the National Government, small-pox was brought to this country by the soldiers from Cuba, and, through a lack of organization, the disease has been allowed to spread until this dreaded malady now has hundreds of victims in almost every State and Territory in the Union, with the boards of health of the various States unable to promptly stamp it out.

Any thinking person can understand how, with a National Bureau of Public Health, this pest could have been throttled in its incipiency, and the country at large been saved from its most dreadful effects. Of course the blame for all this is shifted to the shoulders of the poor Army Surgeons—the men who were not allowed, in our Cuban campaigns, to even raise their voices in protest against the unsanitary conditions that were killing a hundred times more soldiers than the Spanish shot and shell. But the American people will not believe that the self-sacrificing Surgeons were to blame, and the medical profession know that hundreds of lives need not have been sacrificed if the Army Surgeons had had a Cabinet member at Washington to back them in their insistence for better food and more suitable clothing, together with better sanitary conditions in camp.

We all know how the medical profession has been degraded by the army and navy until the self-respecting men have almost ceased to apply for positions in either department. And who can blame them for this, when it is known by all that the humblest line lieutenants treat the surgeons with a patronizing air that plainly tells that they only endure them because their services may be needed? These young army and navy officers should be taught that a course at West Point or Annapolis is no more arduous or elevating than a medical course, and the United States Government should teach them this important lesson.

Let Congress establish a Bureau of Public Health, make the head of this department a cabinet officer, and let the President fill the place with a member of the medical profession. Then will our army surgeons not only be respected, but also obeyed in all matters pertaining to their department. The good that would result to the army, alike in war and in peace, is readily imagined; but all this is but a single pebble on the seashore compared with the vast amount of good that would ensue to suffering humanity the country over with such a Bureau working in good order.

Sub-bureaus or stations could be established in every State and Territory, a scientific study made of all diseases common to each locality, the cause and prevention, so far as possible, of these diseases made known to the people, and a uniformity of action secured throughout the country. Should yellow fever, small-pox, or any other of the contagious diseases break out, the entire machinery

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could be set in working order in an incredibly short time, and the malady confined to its place of origin. There would be no wrangling of State Boards, but Uncle Sam would have the matter well in hand, with the afflicted community under the surveillance of a corps of competent physicians.

Since the days of Æsculapius, honest, conscientious, and self-sacrificing physicians have, at a great financial loss to themselves, been trying to eradicate disease, and teach the people the use of hygienic measures and sanitary precautions, but at every turn they have been hampered in their work by the very ones they were seeking to benefit—the people themselves. Much has been done for the cause of humanity, but it has all been accomplished either by individual self-sacrificing effort, or by medical societies working without the sympathy of those they wished to benefit, and without any aid whatever from the Government.

With a Bureau of Public Health, and a scientific and conscientious medical man to preside over it, with a seat in the President's Cabinet, the United States would soon outrank Germany in the application of scientific medicine, with resulting good to humanity that could hardly be overestimated.

Results Following the Use of Bichloride of Mercury Baths in Small-Pox.

By G. W. BOLKCOM, M. D.
Tower, Minn.

After reading Dr. Osborn's specific treatment of small-pox, in February COUNCIL, I determined to try it.

Shortly afterwards a man of about 45 years, strong and vigorous, his business being that of a lumberman (as we call them here, "lumberjack"), was removed to the pest-house with a well-developed case of small-pox.

I commenced using a 10-per-cent. solution of bichloride of mercury twice daily, pulling the clothes on without drying the skin, and using a spray of peroxide of hydrogen in the throat, mouth, nose and eyes.

Second day, first mishap. The patient thought, as his scrotum and penis were more generously supplied or covered with papules than other parts, that they ought to receive an extra bath. Accordingly, after the nurse had finished his bath, he gave these parts an extra dose by dipping the cloth in the solution and squeezing it so that the fluid ran down over the penis and scrotum. He did not continue long before the parts thus deluged turned white, and he complained of excruciating pain.

They tried everything that they knew to allay pain, but without avail. I was hastily summoned. I found him nearly crazy with pain. We happened to have some wood alcohol, and with this I saturated a cloth and applied it with almost immediate cessation of pain. Anyone can readily imagine the condition of the penis and scrotum from that time on.

Not discouraged, I kept up the baths for a week, when he commenced to complain of his gums and teeth being sore. I stopped the baths immediately, and commenced the treatment for mercurial ptyalism, but he developed a severe case of old-time salivation, with loose teeth, etc.

Dr. Osborn says: "But the danger is minimized when we are assured that the aqueous solution does nothing more than produce a mercurial ptyalism, and that only in cases of hereditary idiosyncrasy, or about one instance in ten thousand cases."

Was this case one of hereditary idiosyncrasy, or one in ten thousand? Perhaps it was, but I am going to let some one else try it on the nine thousand and ninety-nine, and in future use a solution of from 1 in 1,000 to 1 in 500, which will be found equally as efficacious, without the danger of complications arising from the use of a stronger solution.

Correction.

In the article by Dr. Carl Gissler, page 113 of the March (1902) number of THE COUNCIL, the statement that the doctor blamed Mrs. Butz for sending a certain postal card was a typographical error. The doctor wishes it stated that he does not consider that Mrs. Butz sent the postal card.

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A Clinical Report of the Osborn Treatment of Small-pox—Uniformly Successful.

By S. S. BOGLE, M.D.
Santa Rosa, Cal.

Case No. 1—J. W. C., age 32; male, brunette. Saw patient for first time January 24th; found him well broken out all over the body with small-pox; took the following history: On January 15th took sick with chills, headache, backache, and high fever; on the 19th a rash appeared on face and hands; on 20th rash covered the whole body; there was also a slight sore throat; on 22d vesicles were well formed; on 24th I was telephoned for, and found the characteristic odor of small-pox along with the history and rash; there was also orchitis of the right testicle. I immediately telephoned Dr. J. W. Jesse, county health officer, who confirmed my diagnosis. We pricked several of the vesicles, none of which collapsed. Patient's temperature was 102 2-10°. I ordered Osborn treatment of bichloride baths to be given twice a day. Those having been exposed were also to use the bath, as directed by Dr. T. C. Osborn, of Cleburn, Texas. January 25th, temperature, 101 3-10°; no odor; had slept well for first time in four days. January 26th, temperature normal, and remained so throughout remaining period of the disease. Patient was discharged from quarantine on February 10th. He spoke of immediate relief from odor, burning, and itching after using the first bath. He has no pock-marks or pitting. Diagnosis, discrete variola.

Case No. 2—Mrs. T. A., age 21; female, blonde. Had headache, backache, chills, and high fever for four days prior to rash. Had well-defined small-pox rash of discrete form, also had vesicles in throat and on tongue. Put her on Osborn treatment, January 25th, with immediate relief. Uninterrupted recovery, with no pitting.

Case No. 3—L. A. P., age 30; male, brunette. Had the usual symptoms preceding the eruption, and on fourth day rash appeared. Had a well-defined case of confluent small-pox. Face was swollen until eyes were closed, and there was no place unoccupied by vesicles; the arms, back, and lower limbs being also covered with coalesced vesicles. Vesicles on chest and abdomen were discrete; also had right orchitis. The eruption appeared on 17th. Saw patient on 25th for first time, and put him on Osborn treatment. In two days, the edema of face had almost disappeared, and the odor, burning, and itching had entirely gone. Made an uninterrupted recovery without pitting (only four or five marks). I fully expected this case to pit when I wrote you on February 3d. The patient was discharged from quarantine on February 18th.

Case No. 4—R. C. C., age 50; male, brunette. On January 25th, saw patient first time; found a well-developed case of confluent small-pox with full premonitory history. Put him on Osborn treatment, with immediate relief from itching and odor. He developed several boils, also specific iritis, which delayed his recovery somewhat. Fully recovered from small-pox, and has no pitting.

I have had, altogether, eight cases of small-pox and ten cases of varioloid during this present epidemic, all of which were treated by the Osborn method, and all with the same pleasing results, every one being relieved of offensive odor and annoying itching. Have had no deaths, nor any pitting in any of my cases. Nor was there a single case of small-pox or varioloid developed among those who were exposed before quarantine (about forty-five in number). All those exposed used the bichloride bath twice a day as a preventive.

None of those who developed small-pox had ever been successfully vaccinated. Two had had varicella. All those who developed varioloid had been successfully vaccinated. I am fully satisfied with the remedy, and believe that I would have lost two of my cases (the two with confluent form) if it had not been for the Osborn treatment.

I must have The Council, for it is a great help to me in my practice. Faithfully yours,
Burt R. Miller, M. D.
New Washington, O.

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Asthma.

By W. O. BUNNELL, M.D.
Wilkes-Barre, Pa.

The name of this disease indicates accurately its character, "I breathe with difficulty." It is one of the most difficult diseases to successfully treat that the physician has to deal with. It depends in all its forms upon some interference with the free entrance and exit of air to and from the lungs, and this is generally, if not always, dependent upon a spasm of the muscular fibers in the walls of the bronchial tubes. It has been proved that the spasm is due to a neurosis of the pneumogastric, or vagus, nerve.

Symptoms.

Usually it comes on gradually, attaining its greatest violence in two or three days. The attack is generally preceded, for a day or so, by a loaded tongue, pain and weight in the head, a feeling of languor, pain in the muscles, and nausea. But in some cases there are no premonitory symptoms. It is sudden in its onset, the patient being roused at night by a feeling of impending suffocation, and is forced to throw open the windows and doors in order to get breath. The paroxysm is variable, sometimes lasting but a few hours, at others, days or even weeks. Its recurrence, too, varies even in the same cases; in some the patient is hardly free from the disease from autumn until summer. But in some rare instances the patient having the one attack arrested may never have another. But in a large majority, the disease becomes constitutional, and recurring attacks of asthma are the result of any indiscretion, or sudden change of weather.

Diagnosis.

The difficult breathing, with absence of febrile symptoms, is sufficient to determine the character of the affection. If not, the previous history of the disease will make the case plain.

Prognosis.

It is not classed among diseases likely to prove fatal, though it does occasionally terminate the life of the patient speedily. In fatal cases there is usually some organic affection of the heart. It is one of the most difficult diseases to cure radically that the physician is called to treat, and possibly in one-half of the cases we meet, if confirmed, the treatment will be merely palliative.

Treatment.

The treatment of asthma is divided into two classes, palliative and permanent, the first having reference to mitigating or arresting the paroxysm, the second to removal of the cause, and in this way effect a cure.

Palliative Treatment.

The quickest way is to give, hypodermically, morphine ¼ gr., and atropine 1-100 gr. Also chloroform by inhalation, 20 or 30 drops on a handkerchief, and carefully inhaled, is used with great success. Paper, soaked with a saturated solution of nitrate of potash and then dried, is burned in the room so that the patient may inhale the smoke. In most cases this will give instant relief. Amyl nitrite by inhalation, 3 to 6 drops on a handkerchief, has been very successfully used in arresting the paroxysm. Belladonna and lobelia in full doses are also used. The smoke of tobacco is very efficacious in those who are not accustomed to it. Cocaine hydrochlorate gr. 16, aquæ 1 oz., used as a spray to the nasal cavities and throat, will often give very rapid relief. After the paroxysm has been arrested, the cause must be found and removed to make a permanent cure.

Curative Treatment.

Many plans of treatment have been recommended for the *permanent cure* of this disease, but as yet without flattering success. The diet must be light, and bowels be kept open. As the attacks are generally nocturnal, the evening meal should be taken early, be light, and easily digested, and tea and coffee should be avoided. The patient should avoid dust, and ought to live in the open air as much as possible. Damp air is usually preferable to dry, if it is not too cold. But this rule is subject to many variations, and each case will be found to be a law unto

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itself, and each patient must try different climates until the proper one is found. The fluid extract of grindelia robusta, in doses of from 15 to 30 drops three times per day, is one of the best prophylactics we have. Asculus glabra has also been similarly used with success. Outside of hygienic measures I have used the following with the greatest satisfaction :

R Tinctur. phytolacca . . . . . ℥ss
Potass. iodid . . . . . ℥i
Syrup. simpl. . . . . ℥ij
M. Sig.—One teasponful after meals and at bedtime.

This will cure a large number of cases, but as each is a law unto itself, it must be carefully studied, and, as the different symptoms come up, they must be treated. By so doing, we can treat a large percentage of asthmatics with success.

Communications.

Repair of the Perineum in Country Practice.

Report of a Case.

To The Medical Council:

Mrs. E., primipara, age 23; rupture of the third degree, viz., extending through the sphincter ani; caused by excessive uterine contractions and use of instruments. She had been in the hands of a midwife, who called in a physician, who, in turn, sent for Dr. J. H. Robinson to do the operation. Primary operation was not feasible on account of room, light, etc. Eighteen months later the patient miscarried in her second pregnancy at the end of the third month.

There was prolapse of the uterus of the second degree.

One month previous to operating, she was given general tonic treatment of iron, quinine and nux vomica. Five or six days before operation Epsom salts were given every twelve hours to clear the bowel, and the vagina was flushed morning and night with carbolized water. During this period a fluid diet, so far as practicable, was directed. On the morning the operation was performed, the bowels were moved by enema and the urine drawn with a soft rubber catheter.

Patient was placed in lithotomy position, antiseptic vaginal douche given, the parts shaved and cleansed with bichloride, 1 to 1,000. It being decided to attempt the operation under the influence of a local anesthetic, a 4-per-cent. solution of cocaine muriate was injected, using some four or five minims on each side of the floor of the vagina, and the surface of the vaginal floor repeatedly painted over with the same. It was necessary to repeat these injections and paintings two or three times before the work was terminated.

With a pair of scissors, curved on the flat, the old lacerated surface was revivified, commencing below and working upward, to prevent the flow of blood from freshened surfaces blinding the field of operation. As little tissue was sacrificed as possible, care being taken to have a smooth raw surface. This being done, five strong silk deep sutures were put in, beginning below, at the margin of the anus. A strong needle, curved on the flat to prevent wounding the rectum, was used.

Of course one finger of the operator was kept in the rectum all the time, the labia being held apart by an assistant. The slight hemorrhage was readily controlled by pressure. The needle was made to enter the skin about three-eighths of an inch from the margin, carried beneath the denuded surface, and brought out at a like distance on the opposite side, except the last two sutures, which passed through the angle of the surface, catching it up in like manner on the other side. The deep sutures being tied, a few superficial ones were put in to approximate the cutis.

A soft rubber catheter (which was attached to rubber tubing to discharge urine into vessel under the bed) was fixed in the urethra, the vagina was douched with carbolized water, and the perineum dusted with iodoform and boracic acid, and covered with sublimated gauze and cotton, all being retained with a T-bandage.

The woman's knees were tied together

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and she was placed in bed upon her back, with her knees flexed over a pillow.

For the following four or five days the stools were prevented by small doses of opium, and the patient given a fluid diet. At the expiration of this time the bowels were moved by enema, and the catheter was permanently removed, the vagina douched, and the wound dressed. It was doing nicely, no sign of suppuration anywhere.

At the end of eight or nine days the sutures were removed. No dressing other than a sterilized napkin was applied after the catheter was taken from the bladder. However the douche was continued for a considerable time, and care exercised to prevent straining the parts repaired.

At the end of thirty days she was well, the parts, apparently having healed by first intention. The patient belonged (so far as the operation was concerned) to Dr. John Robinson, of this place. I was called to assist him. J. R. BOYD, M.D.

Oakvale, W. Va.

A Word About Strangulated Hernia for the Country Doctor by a Country Doctor.

TO THE MEDICAL COUNCIL:

During the eight years of practice since my date of graduation, I have had three cases of strangulated hernia, *i. e.*, hernia that could not be reduced within twelve to eighteen hours by taxis, enemas, and various local applications, and where vomiting, hiccough, and constipation persisted.

My first case occurred within a few months after I first hung out my shingle. My consultant, himself the son of a prominent physician, and an European student, sent for by me to come and operate, favored delay, opiates, and various milder measures in the hope of coaxing the bowel back into the abdominal cavity. And I (?)—well, I must have been weak or overawed, because I consented to the delay. The result! There could only be one—the patient died.

The other two cases, both occurring within the last year, were operated upon by myself, and with the happiest result. One, about thirty hours after the strangulation, the other, about sixteen hours.

And now, looking back over the field, what is there in this operation from which the general practitioner should shrink? I do not mean to deprecate the value of a fully-equipped surgical outfit, but as this is not possible in the great majority of homes, you can—with a scalpel, a probe-pointed bistoury, a pair of tweezers, a pair of scissors, four or five artery forceps, all of the aseptic type, half a dozen curved needles, some catgut sutures, or, better, kangaroo tendons, a washboiler full of boiled water, and a couple of barrels with plank for an operating-table—perform an operation that will save the great majority of your patients. So call in the nearest physician that you are on speaking terms with, or, better, two of them. Place your instruments and needles in a clean towel, and suspend them in boiling water for ten minutes, have your assistants place the patient upon the improvised table, and with a razor prepare the field of operation. While they are doing this, do what you can to sterilize your hands. Use the nail-brush and plenty of soap and water, changing the latter frequently. Then, if you have alcohol or ether, use that on the hands, and end by immersing for several minutes in a 3-per-cent. carbolic-acid solution or a 1 to 2,000 bichloride solution. Next, subject the field of operation to the same process, surround it with several aseptic towels, and you are ready to operate.

Make a 2½-inch incision over the external ring on a line with the long axis of the tumor. Then go slowly and carefully. Don't look for the different hernial coverings as laid down by Gray. "Cut right through the Latin names and get to the gut." Then carefully divide the muscle for an inch above the external ring. Then insert the finger into the internal ring alongside of the hernia. You may be able to sufficiently enlarge the opening with the finger to allow the return of the gut. If not, a few nicks with the bistoury will suffice, and the worst of the job is over. By this time, if you are feeling at all timid, don't bother further

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with the sac, or you may place a catgut ligature around it and leave it *in situ*. Take two or three stitches through the internal ring and the muscles overlying the canal. Close the external wound without drainage. Put on a good dressing, and leave your patient in the hands of Providence. Whatever the result, you have done your duty.

I know that many a surgeon with a well-equipped hospital within easy reach will smile at these suggestions, but if the country physician, far removed from these advantages, toiling anxiously over the bedside of a suffering patient, happens to find in them sufficient inspiration to nerve himself up to his duty, I will feel amply repaid.

D. W. Roos, M. D.

South Frankfort, Mich.

Suggestions.

To The Medical Council:

1. Don't get in the habit of rendering small services, medical or surgical, *gratis*.

2. The chronic kicker should be made to pay. Present your bill and fear not his dismay.

3. Profuse politeness on the part of a doctor counts for little. The doctor that is too busy to be over-polite is apt to be preferred.

4. The main things for a country doctor to know is how to handle fevers and stop pain; how to handle an emergency and act promptly; also how not to say too much.

5. Flattery never pays in the long run. Do not call the homely, dirty child lovely, or make the granny think she knows it all.

6. Don't be in a hurry to tell people that they cannot be cured. When asked by 'Squire Pike, who has "rhumatiz," if you can cure him, say: "Oh, possibly," and talk of something else, or tackle his case at once.

7. It is not well to seem anxious to get cases. It is better to seem to be overloading yourself by accepting them.

8. There are plenty of old chronics everywhere who never got well simply because they never took treatment or medicine perseveringly enough.

9. If you refuse to treat these people at first, and state that your only reason is because you think they will not stay with you long enough, at last, when they do take your treatment, they may improve somewhat by faith, if not by the medicine.

10. Once I said to a patient: "Here is the medicine that, if rightly taken, can cure a case like yours, but I might as well throw it away as give it to you, for you will forget all about it in three days."

11. If a patient is slow to get well under your treatment, never take a particle of blame to yourself, and, by all means, never blame the medicine if there is a way out.

12. If Mr. A. gets fresh air and red tablets, and the fresh air saves his life, give the glory to the wisdom that selected the red tablets.

13. Folks don't like to pay doctor bills for being told to eat this or that, do so and so, and getting lectured on hygiene, whereas they pay them better when drugs are furnished with a rather lavish hand.

14. Patient remarks: "Doctor, you're furnishing lots of medicine." Your reply should be: "I *know* what you want. I *understand* your case. I prescribe confident that all the medicine will be required."

15. We should reiterate frequently to our pessimistic patients, that it is *a sin* to look on the dark side of things, and thus the moral nature may turn its energy healthwards.

16. To the child with enlarged glands, give hydroiodic acid, Fowler's solution, calcium hypophosphite and podophyllin, with iron and quinine if required.

17. Wherever suppuration is present, or possible, give calcium sulphide, ½ grain every half to one hour.

18. If complexion is bad, give alnuin, boldine, and sodium phosphates, the last ʒiij or more per day, and locally a solution of bichloride of mercury (1 to 200) mixed in alcohol and water.

19. Possibly, corns are not very far from being a skin rheumatism, for they are usually present in rheumatic patients, and the salicylates locally are of benefit.

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20. For sore mouth, $H_2 O_2$ locally, saline laxative, calcium sulphide, and ichthyol internally and locally. Strychnine arsenate as a tonic, and bovinine as a food.

21. My patient had a good deal of itching around the anus. I suggested that he keep his fingers as clean and aseptic as possible. The itching passed off.

22. Where there is a dirty community towel, there look for sore hands, fingers, and eyes that are stubborn to cure.

23. A well is near some large elm trees, the roots are in the water, those who drink the water are sick. See?

24. Often, a large operation of the bowels will remove a fit of dumps.

DR. C. E. BOYNTON.

Los Banos, Cal.

Another Answer to Query 16.

TO THE MEDICAL COUNCIL:

I wish to offer an answer to question No. 16, by Dr. Proud, in your February issue.

If the question was asked by an intelligent member of the family, I would answer candidly; would name the main symptoms, give his pulse-rate and fever record, and then say that those symptoms might be present in any one of several diseases; that the case would be more fully developed soon.

If they did not seem to be entirely satisfied, I would say that the names of diseases are sometimes arbitrary, and that the same disease would often greatly vary in its symptoms in different cases. Therefore, judicious physicians often treat the symptoms rather than the name.

In my experience of more than forty years in practice, I have several times known physicians to diagnose a case as bilious fever, or as grippe, when, in a day or two, the patient would be unfair enough to break out with the measles.

Question 16 is a very important one, and often leads to others about a consultation, or even a change of doctors, unless it is satisfactorily answered.

This is my apology for this effusion.

DR. J. H. OATLEY.

New Philadelphia, Ind.

Precipitate Ejaculation.

TO THE MEDICAL COUNCIL:

This is a trouble that is much more common than is supposed, and which most of our text-books do not even mention. Many complain, especially young men, of precipitate ejaculation. They begin the exercise of their genitals at a premature age, and soon grow to believe that copulation five or six times a week is a part of their existence, and then apply for treatment of the resulting hurried discharge.

These irregularities and excesses are most natural under the circumstances. Their victims have been masturbators, patrons of vice and immorality in all forms, have abused and demoralized their sexual organizations, suffered venereal disease, and have developed a desire for novelties; they will rarely indulge their sexual appetite twice with the same woman. All their amusements and associations are opposed to sexual rest, and then they wonder why it is that their sexual appointments are not normal. These patients, as a class, are always very nervous and excitable, and sexual relations are attended with undue excitement.

Oftentimes there is a tenderness of the deep urethra, or an over-sensitiveness of the glans penis, which are factors in the cause of the precipitate discharge.

Treatment.

Sexual hygiene and rest are of the most importance. If there is any tenderness in the deep urethra, I generally use a cold sound every three or four days and apply a weak solution of protargol or silver nitrate to the deep urethra every second day. I also use the following:

℞ Sulph. hyoscyamine . . . . . gr. j
Sulph. strych. . . . . gr. jss
Camph. monobrom . . . . . ℥ss
Aloin . . . . . gr. v
Quiniæ sulph. . . . . ʒss.
M. Ft. pil. No LX.
Sig.—One four times a day.

℞ Sodii bromidi . . . . . ʒiij
Chartæ No. VI.
Sig.—One in a wineglass full of water at bedtime.

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Arsenauro and elix. iron, quiniæ, and strych. are good tonics, and may be used with benefit.

Ashland, Ky. J. B. WATSON, M. D.

TO THE MEDICAL COUNCIL:

It is not often that I run across a case which so completely puzzles me as the one I am about to narrate and ask your advice about. Several physicians have been in attendance, and now it has come to me.

Mrs. W. sent for me about a week ago and gave the following history: For years she has been a sufferer from some pelvic trouble. Went to New York and had some cervical operation performed. Later on had one child, now five years of age. Never had any more. Has had malarial fever. Two months ago began to have some abdominal pain and nausea. This increased until bowels became quite loose, and vomiting ensued. Bowels assumed character of dysentery, and nausea and vomiting were constant. Pain all over body, but more sensitive in belly and sides to touch. Nearly all food rejected, until now none can be retained, and the patient is so weak that the slightest exertion brings on vomiting and great weakness

Physical examination revealed a hypersensitive belly-wall, with great pain. Spleen slightly enlarged. Liver normal. Heart normal, except quite fast, probably due to inanition. Tongue quite red. Stomach not enlarged, but very tender and occasionally full of gas. Vomited matter consists sometimes of what little nourishment is swallowed, and at others of nothing but glairy mucus. Bowels very loose, bad odor, and jelly-like. Lungs and chest normal. Sometimes her feet swell slightly. Kidneys secrete freely, and normal color, etc. Patient lies in bed, and turns her head from side to side moaning from extreme nausea, saying, "Oh! I am so sick in my stomach." After as careful an examination as I could make, considering the pain and extreme sensitiveness of the abdomen, I came to the conclusion that there was an ulcer in the intestine somewhere near the colon, also that there was gastric inflammation. The patient is extremely anemic. I prescribed vin. ipecac and creasote in lime water for vomiting, and washed out lower bowel and injected laudanum to quiet her. Also gave whiskey, raw egg and beef peptonoids. For several days this seemed to do good, when violent vomiting and loose bowels set in again, with greater weakness and more pain. I then gave bismuth, chloroform, and acid. hydrocyanic dil., which did not have any better effect. Patient is very nervous, and does not sleep. For the bowels I gave a capsule of iodoform, salol, ext. opii, and zinc. sulpho-carb., which reduced stools for two days to one a day. Then they broke out again. For the general abdominal pain I gave papine 3ij in hot whiskey. Kindly give me your opinion and suggestions as to the diagnosis and treatment, and say what is best for the vomiting, and to what it is due. Also your reply, but kindly mail me that at once, as I want to do something for her if I can, and if I am on the wrong track I should like to know wherein I have erred. X. Y. Z.

———, N. C.

The "Normal Salt Solution."

There is some variation in the formulæ given by the different writers. Dr. Charles A. L. Reed, in his new "Textbook of Gynecology," remarks that Locke has suggested the following formula and reported favorably upon it:

℞	Calcium Chloride	3¼ gr.
	Potassium chloride	1½ gr.
	Sodium chloride	2½ dr.
	Sterilized, distilled, or tap water, enough to make	1 qt.—M.

The solution may be injected subcutaneously into the intestine, or into a vein. —*N. Y. Med. Jour.*

Dr. J. J. Taylor, Philadelphia, Pa.

Dear Doctor:—I have been using your Physician's Pocket Account Book, and am greatly pleased. Quote me price of a dozen books, and oblige. WM. E. PITMAN, M. D.

Lynchburg, Va.

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The Business Side
OF MEDICAL PRACTICE.

While we as physicians desire to be scientific students and practitioners of medicine, yet we desire also, for the welfare of our dependent ones and for the sake of our standing in the community, to secure a fair compensation for the services we render to our fellow-men and to society. To this purpose The Council will occasionally conduct a brief department in which may be discussed those subjects that pertain to the financial welfare of the practitioner and the profession. Ideas are solicited for this column.

Doctors' Fees.

There is something senseless about doctors' fees to which we should like to call attention. This consists in the practice of attempting to make all fees of the average general practitioner uniform, regardless of the length of time they have been in practice. This is contrary to common sense and usage from time immemorial in other relations of life, and contrary to the so-called law of supply and demand. All other things being equal, there is manifestly a vast difference between the value of the judgment of the doctor fresh from college and that of the one with ten, twenty, or thirty years' experience as a practicing physician behind him. In our estimate we are not including specialists or highly-successful general practitioners of medicine who receive relatively fancy prices, but only the bulk of the profession, composed of plodders, hardworkers. Many a beginner, in fact, most of them, stand in their own light by insisting upon receiving the same compensation yielded to practitioners of experience. Much of this ill-judged stand by the younger members of the profession is due to the advice to that effect from older doctors. The judgment of the recent graduate being not nearly so good as that of the practitioner having years of experience, it is manifestly absurd for him to exact the same fee as does the latter. This is all the more so in view of the fact that most general practitioners, whose judgment in matters medical has become ripened by experience, lack as much sense in business matters as they ever did in their entire professional careers. We have no sympathy for the doctor who works incessantly, day and night, for good and bad and no-pay patients alike, denying himself to his family and friends, and foregoing the rest and recreation which his knowledge of physiology tells him that he requires, and which his busy life really makes possible because of the income it brings to him. If the older doctor, who has more work than his health will safely permit him to do, or that a proper regard for the rights of his family will allow, insists upon this incessant grind in the selfish fear that some other doctor may get a few of his patients, he is not worthy of being considered by the beginner in practice, to whom the older man is not willing to leave anything. The younger man, under these circumstances, if he has any business sense, is obliged to see people for whatever he can get out of them, meanwhile and thereby establishing his true value as a physician that will enable him, when he becomes sufficiently busy, to do what the older doctor should have done before him, to wit: weed out his no-pay, his bad-pay, and then his slow-pay, and, finally, his small-pay patients, as he gradually replaces them by others that are surer and better pay, leaving those which he permits to drop for other beginners to make their living and establish their reputations by.

We contend that no physician should work more than a certain number of hours out of each twenty-four. His office-

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hours should be so arranged, according to the kind of practice he does and the community from which he draws his patients, that his fixed time for having them in his office is reduced to a minimum, with a due regard to the convenience of his patients as well as himself. His outside work should be limited to certain hours as far as this is practicable. The balance of the time he should devote to reading, recreation, and rest. As soon as he has sufficient income from his practice to enable him to live comfortably, and yet lay aside something for the future, he should cease his night-work. When once arrived at this stage, he should have at his elbow a younger man, quite fresh from college, to attend to such of his patients as are no longer profitable to him, or who demand attention outside of the hours that he has finally selected within which to practice his profession in or outside of his office. Every man in general practice, who is sufficiently successful to make a fair living, should set himself a time limit of so many hours out of every twenty-four, during which he does not practice his profession except upon rare occasions, and for the best of reasons, preferring to let some one else do the work at this time. He can thus begin the weeding-out process of his less desirable patients, dropping one after another as he finds this time encroached upon, and retaining only those who are the more valuable. In this way he keeps his work within safe limits as regards his health, and enables himself to devote a proper amount of time to study and to his family and friends. It likewise assures him, that much sooner, a more desirable and better-paying class of practice.

It is the men who have not the moral courage to do this, who lack the intelligence to see its advisability, that plug along throughout their lives until they are old and infirm, working day and night at everybody's beck and call, until the final call that takes them off the face of the earth, and, in all probability, leave their families more or less destitute. These men are often called good-hearted, generous, and philanthropic practitioners of medicine, but they are not so much that as they are unwise, foolish, and lacking in common sense. Many of them are so because they lack the moral courage to refuse. Some are too greedy to give the younger men a chance.

Graduated Fees.

"While it is a very difficult thing to adjust a medical practitioner's fees according to the equitable value of service to the patient, it is not so difficult, in theory at least, to grade fees with a fair degree of consideration of the financial ability of the patient to pay. It is not reasonable to expect the laboring man to pay two dollars for a call, and expect no more from the man who lives on the avenue and is generally held to have an income of ten thousand a year. He should, by right, pay five or ten dollars a visit, and feel perfectly satisfied in so doing. A physician's services should not be bartered the same as a yard of cloth, a pound of nails or a bushel of potatoes. An attorney never forgets or neglects to charge his wealthy client a good, round price for much the same service that, to a laboring man, he would expect to ask but little. The clergyman always looks for from twenty-five dollars upwards as a wedding fee in the case of wealthy parishoners, while one or two dollars is fair compensation from the man in a shop or clerkship.

"In surgical work, and also in obstetrical practice, the graded fee is in esteem and is becoming more firmly fixed every day. Probably the time is not far away when for everyday calls something of the same wisdom will obtain, reducing at one end of the line of patients and raising at the other."—*Clinical Review.*

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The Business Outlook in Medical Practice.

The ratio of physicians to total population in the United States is rather more than 1 in 600. The 120,000 physicians are dying at the rate of about 25 to 1,000. To make good the deficit of physicians by death, about 3,006 should be graduated annually. The population is also increasing at the rate of about 1,300,000 annually, and this increase could accommodate some 2,100 additional graduates in medicine annually. In 1899, according to the statistics of the Bureau of Education, all the medical schools of the country graduated not quite 5,000. Thus, statistically considered, there is a very slight favorable tendency toward the reduction of a tremendously overcrowded profession.

On the other hand, it should be remembered that as a country increases in density of population, it can support fewer physicians. For instance, European countries with a ratio of approximately 1 to 2,000 of physicians to population, support their medical professions even more poorly than does the United States. Moreover, sanitary science and medical and surgical skill, as well as more wholesome modes of living, are markedly reducing the work of the profession. The well-known fact that a fifth or sixth of graduates do not practice is little comfort, as this has always been the case, and it simply denotes the unfavorable conditions against which the medical man has to contend. Thus it is the urgent duty of every physician, by fair argument and reasonable means, to create a sentiment against the entrance of young men upon medical studies, unless they are especially fitted for their pursuit. — *Philadelphia Medical Journal.*

The Medical Practice Acts of many of our States are so full of exceptions that any ignoramus may really practice medicine although he has no knowledge whatever of the science or art. Thus, opticians, osteopaths, Christian scientists, hydrotherapeutists, etc., are excepted from the clause that makes practice illegal. One State goes so far as to make the giving of drugs the sole test of the physician's calling. Thus even the surgeon is not a practitioner. Thus, also, one who does not give drugs may legally do everything else in medical malpractice. One would like to ask these Dogberries for a definition of a "drug," and if withholding a "drug" when it would save life is not criminal malpractice.— *American Medicine.*

The Income of Physicians.

Recently one of the best-known physicians in New York died, a man with a reputation on two continents, who reached the acme of his fame early and had far more than the average years of extreme prosperity. Yet, when his estate was computed, great surprise was expressed on every hand at finding that he had managed to save during a long and busy life only the earnings of two or three years. The same occurrence can be noted every day. A supposedly prosperous physician dies leaving nothing, while his son gives up his college education and his daughters are compelled to eke out an uncongenial existence as teachers or stenographers.

No doubt the incomes of most physicians are greatly exaggerated. The average income of the well-established city physicians is probably nearer twenty-five hundred than five thousand dollars, while the general average is said to be far below one thousand. But physicians apparently leave much less behind than other men with similar incomes.

The business training of physicians is to quite an extent responsible for this. Each one does a vast amount of charity work for which he gets little credit, and this is especially true of the men who have an appearance of prosperity from the relative size of the fees they do collect. He is a poor collector, sending out his accounts at infrequent and irregular intervals and creating the not unnatural impression that he does not need the money. Small wonder, then, that the family medical bill is paid only after all other reasonable family desires have been satisfied.

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We do not suppose it is possible to suggest any satisfactory fee-scale, but it is self evident that the scale which taxes the clerk a day's wages for consultation, while his employer escapes with the the income of a minute, is, to say the least, not an equitable one. Neither can the system be defended as business-like by which the physician treats for nothing a multitude of patients who would willingly pay a small fee for the same service if the fee were in proportion to their means. And if the fees at one end of the scale are too high, those at the other end are certainly too low, as compared to other professions. The man who does not begrudge his pastor a handsome fee for a ten minutes' wedding ceremony, very often thinks the same fee too much for as many hours' work in facilitating the advent of his first-born. The business man pays his attorney a large fee for drawing his will in an emergency and then disputes the account of the surgeon who obviated the immediate necessity of that will.

This inferior business instinct also shows itself in a false professional pride. The laity generally rank a physician according to the location and beauty of his office and the size of his consultation fee, and very many members of the profession are unable to get rid of the same pernicious idea. As a consequence the aspirant invests his income in an expensive office, charges an exclusive fee, and fritters away hours in idleness rather than accept the smaller sums which he might have. Such policy is good business for a few, but there are not rich patients enough for all, and if one adopts the plan he should do it with the clear understanding that the chances are distinctly against him. After all, the ones who lead the busiest, happiest professional lives, who do the most good in the world, and who leave the most behind, are the ones who have the least of this false professional pride.

While it may be good business policy to have an office in an exclusive neighborhood, by it insuring larger fees and a more exclusive practice, the same reasoning does not often apply to a residence in the same neighborhood unless it be amply within one's means. Of course the physician likes to have his family live well and enjoy the society of many of the people who are his patients, but when, on an income of five thousand, he tries to live next to and like the banker on a hundred thousand, he pays a ruinous price.

Certain portions of our large cities are crowded with physicians attempting just this thing. They have the superficial appearance of prosperity; their families are apparently perfectly secured against want and live in style only justified by quadruple the income. After the funeral it transpires that the utmost endeavor has paid the rent or kept up the interest, while the family living has been made from the renting of furnished rooms.—*N. Y. State Journal of Medicine.*

The Biological Laboratories of the H. K. Mulford Company, at Glenolden, Pa., make another step forward in the progress of work in Serum-Organotherapy, and in the investigation of infectious and contagious diseases, by securing the services of Joseph J. Kinyoun, M. D., Ph. D., late Surgeon of the Marine Hospital Service and Director of the Hygienic Laboratory of the Marine Hospital Service at Washington.

Dr. Kinyoun is widely and favorably known at home and abroad as a sanitarian and scientific investigator, and has served the government on numerous occasions as special delegate to International Medical Congresses. He is devoted to original research in Bacteriology and in the interests of the government he has visited the various bacteriological laboratories in this country and in all Europe and Japan. Dr. Kinyoun received special instruction from Professor Koch, Behring, Pasteur, and Roux of Paris and Berlin, as representative of the government, thus acquainting himself with the progress made in serum-organotherapy and in the investigation of infectious diseases. He is peculiarly fitted for the directorship he now assumes, and under his administration there will be still futher advances made in the field of biology as applied in medicine.

I enjoy THE COUNCIL every month, as it is brim full of instruction for the busy practitioner.

OTTO F. VOIGT, M. D.

Bailey's Harbor, Wis.

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Book Reviews.

Dr. Leuf's new book, "Practical Gynecology, Obstetrics, and the Menopause," has met with a cordial reception by physicians who have read his earlier work, "Practical First Principles," and his excellent teachings in medical journals. Doctor, if you buy the work and will read so much as one single chapter, you will feel that you would not give up the book for several times its price. It is not a compilation of previous literature, but is the personal experience of a master in medical science. The price is only $2.50, cloth, 326 pages. Address THE MEDICAL COUNCIL, 12th and Walnut streets, Philadelphia.

For a short time we will club this book with Dr. J. D. Albright's "The General Practitioner as a Specialist," regular price $3.50, a book giving the different methods of treatment employed by advertising specialists, and many secret methods, most of which have been sold to physicians at high prices and never before revealed until brought out in this book.

The price of both books, if sent to this office, will be only $5.00.

WEBSTER'S INTERNATIONAL DICTIONARY. New Edition. Published by G. & C. Merriam Co., Springfield, Mass., U. S. A.

A large corps of special workers has been engaged on this revision, under the able supervision of Dr. W. T. Harris, our learned Commissioner of Education. It has been enriched by the addition of 25,000 new words and phrases, new plates having been made throughout. It is a massive volume of 2,364 pages, with 5,000 illustrations.

It is with earnest enthusiasm that we commend this great work. No library, however humble, is complete without it. It is everywhere recognized as the world's standard.

INJURIES TO THE EYE IN THEIR MEDICO-LEGAL ASPECT. By S. Baudry, M. A., Professor of the Faculty of Medicine, University of Lille, France, etc. Translated from the original by Alfred James Ostheimer, Jr., M. D., of Philadelphia. Revised and edited by Charles A. Oliver, A. M., M. D., of the same city, with the modification of the French law to conform to that of this country, by Charles Sinkler, Esq., of the Philadelphia bar. The F. A. Davis Co., publishers, Philadelphia.

This book is divided into four parts, considering traumatic lesions of the ocular adnexa and of the eyeball, simulated or exaggerated affections of the eye, and the chapter on medico-legal expert testimony, followed by a copious bibliography. It is necessarily a small work of only 161 pages. This book may very properly be said to be merely supplementary to the larger standard works upon medico-legal medicine. It goes more into detail in questions affecting the eye. For those who are interested, particularly such as are apt to give expert testimony in courts of law, it is useful, and might, at times, prove very essential.

A TEXT BOOK OF HISTOLOGY, INCLUDING MICROSCOPIC TECHNIC. By A. A. Böhm, M. D., and M. von Davidoff, M. D., of the Anatomical Institute in Münich. Edited and enlarged by G. Carl Huber, M. D., Junior Professor of Anatomy and Director of the Histological Laboratory of the University of Michigan. Being an authorized translation from the second revised German edition by Herbert H. Cushing, M D., demonstrator of Histology and Embryology, Jefferson Medical College, Philadelphia; 351 illustrations. W. B. Saunders & Co., Philadelphia. $3.50 net.

The subject-matter of this book is divided into general and special histology, preceded by an introduction to microscopic technic, covering 31 pages. The first part is divided into the consideration of cells and tissues. The balance of the work considers, in order, the circulatory systems and apparatuses with their adnexa, the digestive, respiratory, and genito-urinary organs, the skin and its appendages, the central nervous system, the eye, ear, and nose, with a final general consideration of the special sense-organs. The book is alike a credit to the authors and publishers; the illustrations are excellent, and the text clear and to the point. Under the heading of reference to literature, it gives an alphabetic index of authors, covering 20 pages, together with the works to which reference has been made, as well as their date of publication. It is a first-class standard work upon this subject, the possession of which will make others of the same kind a luxury rather than a necessity.

HUMAN PHYSIOLOGY. Prepared with special reference to students of medicine. By Joseph Howard Raymond, A. M., M. D., Professor of Physiology in the Long Island College Hospital. Second edition, entirely re-written. 443 illustrations, some of them in colors, and four full-page lithograph plates. Wm. B. Saunders & Co. Philadelphia and London, 1901.

This book is the product of a faithful teacher of physiology for a quarter of a century, during all of which time his interest in this subject and in preventive medicine has been unabated. In the preface to the first edition, he assumes the very sensible position that only the essential outlines of physiology can be grasped by the medical student in this formative period of his medical career, and it was upon this basis that the original volume was constructed. Because of the lengthening of the medical course to four years, and the advances made in physiology between the issuing of the first and second editions, the work was entirely rewritten and considerably enlarged, though it still retains that desirable primitive quality that was aimed at, and so closely adhered to, in the first

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issue of the work. We are glad to see that he has adopted the practice of dropping the final *al* in many words. Considerable attention is given to the effects of alcohol in the production of organic changes, and functional disturbances. This is a good piece of work because it will serve to offset much of the misrepresentation found in our school physiology, a form of deception one would hardly expect to find those guilty of who decry the drink evil. The author discusses deglutition and the movements of the stomach as shown by more recent experiments and the use of the X-Rays. Also the physiologic lessons to be derived from Schlatter's and Bingham's cases of excision of the stomach. The study of internal secretions, and the *rationale* of the use of thyroid extract, is interesting and instructive, as is also the discussion of the absorption of fat, and Chittenden's views as to the formation of uric acid. Of special interest is the description of the results of Prof. French's photography of the larynx, he being a pioneer in this kind of work, There are cuts showing the exact position of the vocal chords in the production of various musical notes. Much of the section relating to the nervous system has been re-written because of the general acceptation of the so-called neurone theory. The work is, in our judgment, second to none as an aid to medical students, and is equalled by very few, if any. Judged entirely upon its merits, it should be one of the leading text books upon this subject in all the medical colleges.

DA COSTA. CLINICAL HEMATOLOGY. A Practical Guide to the Examination of the Blood with reference to Diagnosis. By John C. DaCosta, Jr., M. D., Assistant Demonstrator of Clinical Medicine, Jefferson Medical College; Hematologist to the German Hospital, etc. Containing 8 full-page colored plates, 3 charts, and 48 other illustrations. Octavo, 450 pages. Published by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia, 1901. Price, $5.00 net.

This book is a timely one upon a new and rapidly growing mode of diagnosis. It deals with enough theory to show the value of blood examinations, and the much greater usefulness of this means of diagnosis in the future as we become more familiar with it. Most attention and space is given to the description of practical methods of examination, particularly such as are likely to have to be made daily if one adopts this method of precise diagnosis. The book, of course, also discusses the significance of the various findings. The diseases are arranged alphabetically for ease of reference. The original data upon which much of the book is based are from records of the pathological institute of the German Hospital, where a systematic account of all blood examinations has been kept for the past six years, as well as upon those made by the author in hospital and private practice and in the army medical service, aggregating about 4000 blood reports in various pathologic conditions. He has, of course, exhaustively gone into the general literature of the subject. The book has an interesting introduction upon the subject of Hematology, and is divided into seven sections. I. Examinations of blood by clinical methods. II. The blood as a whole. III. Hemoglobin, Erythrocytes, Blood Placques and Hemoconia. IV. The Leucocytis. V. Diseases of the blood. VI. The anemias of infancy and childhood. VII. General Hematology. There are 8 plates, 3 charts, and 48 illustrations in this book of 474 pages. There is a double index of subjects and authors. The book is a useful one and a necessity to those who desire to be up to date in the diagnosis of disease and the practice of their profession. The subject is already sufficiently developed to simplify practice. The man who familiarizes himself with this subject will thereby become better able to treat many diseases than he is without its use.

Useful Notes.

The Way of Wrath.

(Soliloquy of the United States in the Philippines and Great Britain in Africa).

We have drunk of the wine of Mammon;
We have gorged at the board of Greed;
So hurry, you Little People,
As on to our goal we lead.
We'll give you law from our scripture;
We'll quote you chapter and verse
That it is a balm and blessing
That seems but a blight and curse.

We have bibbed of the brew of Power;
We have reeled in the path of Fame;
And now we will hunt the quarry
On the pitiless way of shame.
What need to be longer mindful
Of sayings of former years?
Now hurry, you Little People,
And shed us your blood and tears.

Now, hurry, you Little People,
The left hand is raised to smite!
The good and the grand and noble
Decrees were writ with the right.
We have chosen the road of rulers;
We will walk in the way of wrath;
We will desolate, harry, and banish
But what we shall hold our path.

—*W. D. Nesbit, in Baltimore American.*

Government's Tiny Helpers.

Their Duties Are to Fertilize Fig Trees and Destroy the San Jose Scale.

The most wonderful staff of assistants in the world is employed by the Department of Agriculture of the United States. These assistants are all foreigners, and it may be suggested that they have

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been imported in defiance of the contract labor law. But none is likely to object, for they are doing a great work.

As the result of the labor of one class of these employes, it will be possible to put seventy-five tons of American-grown figs on the market this year. This is due to the fig fertilizing insect which was imported from Syria, and without which it was impossible to make a single fig tree yield fruit. It was only this insect that could transfer the pollen in such a way that the trees were fertilized.

Another employe comes from China. The original home of the San Jose scale has been found, after long investigation in the Orient, to be in Northern China. The beetle that preys upon it is now being brought in considerable numbers to the United States for distribution to orchards. The scale was found near the Great Wall, where no foreign nursery stock of any kind had ever been introduced. Its natural enemy keeps it in such check there that the native fruits grow successfully.

After eight years of effort, success has been reached in the introduction into the United States of a caterpillar from Italy that preys upon the black scale, a serious enemy to olive and citru trees in California. This scale is a native of ths region from which this caterpillar has been introe duced, and along the shores of the Mediterranean the latter keeps the scale in subjection,

A beetle has been introduced from Hungary that is a natural enemy to several destructive plant lice which have been accidentally imported into this country from Europe.

A fungous disease of grasshoppers has been imported from South Africa and experimentally used in different parts of the United States through the summer of 1900-1901. In some localities it appears to have taken hold successfully.—*New York Press.*

The Jews in Medicine.

The seemingly remarkable fact that during the Dark Ages the Jews were almost the only physicians is not so surprising when we consider that the study of medicine in the twelfth century in Spain belonged to the curriculum of the ordinary course of study among all those Jews who made a pretence to belong to the educated classes. To know the laws of health was considered among the Jews, and only among them, of the same importance as is nowadays the knowledge of the three Rs.

No wonder that most of the rabbis were physicians, and, *vice versa*, that physicians were rabbis. The Jew far excelled the Arab or Moor in this branch, for the Arab was prohibited by his religion, Islamism, from the dissection of man or beast, which fact naturally was a check to the science of medicine. The Church held medical science an accursed science, and looked upon physicians as upon atheists. Prayers, masses, intercessions, relics of saints, and bones of martyrs were considered by the Church the only legitimate cures of all the ills that human flesh is heir to. Mr. Dowie, who claims to be the second Elijah—although Elijah was poor and honest, and according to Biblical accounts had to wait for ravens to get enough in order to be saved from actual starvation—can find all the arguments for his "creed" in the doctrines of the Church during the Dark Ages.

For ages it was considered wicked to make any natural study of the human frame after its death. Is it any wonder that it was so long before the circulation of the blood was discovered when we bear in mind that it was the Church that placed her ban upon every man who dared to investigate in this direction? It is only a little while ago that they were having processions with banners and prayers in Naples, and nearer home, in Montreal, as a means of driving out the plague and pestilence, while, at the same time they were neglecting every rudiment of sanitary science instead of finding out and obeying the natural laws of health. Yellow fever in Cuba would never have been so frequent and fatal had it not been for the fact that the powerful Church there opposed sanitation.—*Rabbi Schreiber.*

Treatment of Typhoid Fever.

Lieut.-Col. G. Sterling Ryerson, M. D., of Toronto, later British and Red Cross Commissioner in South Africa, at a recent meeting of the Toronto Clinical Society ("Canada Lancet") reported that the treatment of typhoid fever was practically the treatment which is adopted in Toronto and everywhere else. Disinfection of the bowel, either by means of listerine or boric acid, taken internally, or enemata, proved in many cases to be remarkably successful. Another form of treatment was that of starvation. They were starved for seven or eight days. He considered that in some cases it might be dangerous, because a number of men were exhausted when brought in. The medical officer in charge of these cases, and under whose supervision this plan of treatment was carried out, informed Dr. Ryerson that he had fewer deaths than in any other hospital in Bloemfontein.

Dysentery: This was another very prevalent disease, and you hear of a great many men affected with this disease when they merely had ordinary diarrhea. Dr. Ryerson said that during his service as surgeon with the troops engaged in the suppression of the North-West Rebellion in 1885, he had observed the good effect of several drachm doses of listerine in treating camp diarrhea and dysentery, caused by drinking the alkali water of the plains.—*Sanitarian, Nov., 1901.*

"Doctor, I received your bill yesterday, and, to be frank with you, I must say that I think it very high."

"You have come to that conclusion without due consideration; you do not make note of the fact that during the greater period of your illness your fever was very high."

"And you have as evidently failed to be impressed with the fact that, as you repeatedly said yourself, my condition was very low."

"Very true, but you must know that our rates are not based upon the state of the patient, but on the character of the disease."—*Richmond Dispatch.*

Liquor Pancreopepsine has been justly called the artificial gastric juice. For literature address Wm. R. Warner & Co., Philadelphia.

Of Spring.

I have no hesitation in saying that I consider Peacock's Bromides invaluable, and have for years used them exclusively in my sanatorium when bromides were indicated. Commercial bromides are crude and rank as compared with Peacock's. The

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THE

Medical Council

A MONTHLY JOURNAL FOR THE PHYSICIAN AND SURGEON.

"WE FIND WISDOM AND STRENGTH IN COUNCIL."

J. J. TAYLOR, M. D., Editor and Publisher. | PHILADELPHIA, PA. | A. H. P. LEUF, M. D., Associate Editor.

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Infantile Diarrhea.

This subject will be one of preponderating interest and importance to physicians during the next sixty days, particularly in our denser centers of population. When we take into consideration the delicacy of the gastro-enteric tract of children under two years of age, the great prevalence of diarrhea among them during the hot weather, it is not surprising. Unquestionably, the causes are usually some form of poisoning that adversely modifies the digestive function, perturbs the *prima via*, and seriously diminishes the nourishment of the child, and taxes its resisting and recuperative powers almost to, and often beyond, the utmost limit of its endurance.

It is fair to assume that the normal secretions of the mucous membrane of the stomach and bowel are adequate to meet the ordinary strain that may be put upon them for the digestion of suitable foods, and the destruction of a limited amount of infectious material. In all probability, the first step in the production of summer diarrhea consists in a disarrangement of the digestive functions, from their over-strain by either excessive or improper feeding, or both combined, the evil effects of which the child is less apt to withstand because of the debilitating effects of persistent high temperature in summer, which is also increased by the resulting cutaneous irritations, one of the commonest of which is so-called prickly heat. Disarrangement of the digestive functions diminishes resistance to infection, mainly because of the adverse modification of the digestive fluids that must be depended upon for this purpose. Once the infectious process is begun, it is a contest between the local cellular elements of the lining mucosa of the gastric enteric tube and the infectious bodies, called germs, and their toxines. Added to this is the rapid weakening of the child's vital forces, inanition, and the usual strain of combating extraordinary infection.

The indications for treatment constitute a simple problem, often somewhat difficult of application. It is to remove all strain from the digestive organs at the same time that the stomach and intestinal canal are swept clear of all offending material, after which, the digestive tube should be secured perfect rest until it has recovered its normal tone. These indications are carried out by the stoppage of all feeding, and the administration of a suitable purge, than which none is so desirable as calomel, which may be given in doses of one-twentieth to one-tenth of a grain at hourly intervals

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until effective. The loss of liquids consequent upon the diarrheal discharges should be amply made up by the free ingestion of liberal supplies of cool sterile water, the quantity being limited only by the child's willingness to take it.

The danger to life from inanition is insignificant in cases of true cholera infantum as compared with that of rapid poisoning by toxines, and collapse from excessive loss of fluids. It may, therefore, be truly said, that the most important indication in the treatment of cholera infantum consists in thorough and expeditious clearing out of the stomach and entire intestinal tract. There is no sense in this procedure unless all food is temporarily withheld from the child other than sterilized water, as it would only afford additional means of infection and undue strain upon the disarranged digestive organs. In the event, however, of extreme weakness, it may be judicious to administer some of the pre-digested foods containing a small proportion of alcohol, for the stimulating effects of this ingredient as well as of the meat elements they contain.

We feel constrained to say, therefore, that that man stamps himself as being unfamiliar with the most recent advance of the pathology of this affection, who questions the deadly influence of infection in the production and aggravation of this disease.

Removal of Powder-stains with Hydrogen Dioxid.

Dr. Colin R. Clark, of Youngstown, Ohio, in *American Medicine*, reports a case of removal of powder-stains by Dr. J. Neely Rhoads' method. It was a case of a boy with severe powder-burns of the whole face and neck, from whose eyes several powder-grains were removed, after which he was sent to the city hospital because of the eye injuries from the burn. While there, the face was kept covered with pieces of lint saturated with one part of glycerine and three of hydrogen dioxid. All powder-stains and grains were completely gone in a couple of days without the necessity of the usual painful picking-out process.

A Cheap and Effective Method of Destroying Mosquito Larvae.

Dr. Richard Waggener, in the *Medical Record*, reports that the larvæ of mosquitos are killed, and their further deposition prevented, in tanks, pools, and similar quiescent collections of water, by the presence of unslacked or air-slacked lime, the larvæ disappearing as if by magic, and the water, previously of a yellow tinge, becoming as clear as crystal, tasting slightly of lime for a while only, but not disagreeably so. He recently totally destroyed a large quantity of mosquito larvæ and pupæ in a rain-barrel full of dark foul water. Into this he threw two hands heaping full of air-slacked lime at 2.30 P. M. At 7.30 A. M. all the larvæ were dead, but the number of pupæ apparently undiminished. At 5 P. M. they were also dead, and the water was clear.

The doctor does not know the minimum amount of lime capable of producing this result, but very sensibly suggests that this can readily be determined in a short time. He further adds that if it could be done with a quantity not incompatible with health, its systematic use in Southern cities, such as New Orleans, where the majority of families drink rain water out of mosquito-breeding tanks, would be enormously beneficial. He also calls attention to the absence of mosquitos in typic limestone regions,

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and incidentally to the fact that yellow fever is never epidemic in such localities. The *Druggists' Circular*, in referring to these experiments of Dr. Waggener, makes the following sensible suggestions: "That these experiments suggest a highly-important possibility is obvious. It is well known to chemists that lime dissolves in water to a very limited extent, so that a small quantity of lime will furnish a very large quantity of lime water, and it may be that this when much diluted by admixture with the water of the ponds would still prove efficient."

A Damage Suit for Malpractice Ending Favorable to the Doctor.

Dr. J. W. Perkins, of Kansas City, sued a patient, C. R. Rockwell, for $489 for medical services, resulting in a counter claim by Rockwell for $25,000 damages for malpractice. The case was won by Dr. Perkins only because he had kept a daily record of this, an unusual one, by means of which he was able to prove painstaking care and unusual skill in the treatment of his patient. In this he was also sustained by the various nurses and consultants who had been associated with him. This shows the importance of keeping notes of cases from at least one important point of view. It also emphasizes the value to the physician of consultations with other physicians as a protective measure in all cases that might develop into a suit for malpractice.

The Kansas City *Medical Index-Lancet*, in referring to this case, very properly speaks disparagingly of those physicians who encourage the instigation of damage suits against other doctors, particularly without a substantial basis; and suggests that such individuals should be properly disciplined by any medical society in which they hold membership. Our contemporary also suggests that such cases should be thoroughly investigated by the proper county medical society of the district in which the defendant physician resides, with a view to bearing the burden of the expense of his defence, if worthy. Our contemporary concludes with "We predict that there would soon be an end of all needless damage suits," to all of which we say, Amen.

To Mask the Bitterness of Nux Vomica.

The Medical Gleaner is authority for the claim that two drachms of chloroform mixed with enough alcohol to make one ounce, and well mixed and then emptied into a five-pint bottle, which is then filled with water, a thorough mixture of all three results, especially after a very little shaking. This preparation is said to almost cover up the bitterness of nux vomica.

Chloroform Water in Thirst, Nausea and Vomiting.

Dr. S. I. Dibailoff, in *Vratchelnaya Gazeta* (St. Petersburg), calls attention to the efficacy of chloroform water in relieving thirst, stomach pains, nausea, and vomiting, especially when these conditions are symptomatic or of a reflex or nervous nature, rather than due to local inflammation. He finds it useless in typhoid fever, thus contradicting the assertion of others.

We respectfully solicit from our readers reports from experiences, either favorable or not, on the following subjects brought out in recent years:

Permanganate of Potassium in Opium and Other Narcotic Poisoning.

Lard Freely Administered in Strychnine Poisoning.

Free Saline Purgation in Peritonitis.

Gelatin to Check Hemorrhage.

Normal Salt Solution in Collapse.

Local Anesthesia in Larger Operations.

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Original Articles.

The following articles have been written exclusively to the editor and readers of this journal. Other journals republishing any of these articles will, as a matter of professional courtesy, kindly give credit as follows:—*Medical Council*, Philadelphia.

The Etiology of Infantile Diarrhea.*

By A. E. SNYDER, M. D.
New Milford, Pa.

The term *Infantile Diarrhea* is applicable to all forms of diseases of the bowels in infants which are accompanied by frequent and loose passages.

It is my purpose to treat only of the most prominent causes of infantile diarrhea, such as we meet frequently.

The etiologic factors common to all forms of infantile diarrhea are age, season, surroundings, constitution, dentition, food, and feeding.

Some of the different forms are:

1. *Mechanic*, viz., foreign bodies.
2. *Eliminative*, viz., uremia.
3. *Intestinal*, indigestion.
4. *Nervous*, caused by cold, heat, fatigue, fright.
5. *Acute gastro-enteric infection*, which will comprise gastro-intestinal catarrh, gastro-enteritis, cholera infantum, and mycotic diarrhea—the last named being the form of diarrhea most prevalent during the summer months. The view now generally held is that it is of infectious origin.
6. *Entero-colitis and colitis.*

Most of the etiologic factors already mentioned will apply with equal force to ileo-colitis, and it may also be secondary to the infectious diseases.

The *predisposition* to attacks of summer diarrhea is partly general and partly local. The general influences—age, improper food, etc., have already been mentioned.

The most important of the local causes is chronic derangement of digestion, usually the *result* of improper feeding. In addition, there may be present a low grade of catarrhal inflammation. The *exciting* cause may be acute indigestion.

In consequence of the arrest of digestion, there is left in the stomach and intestines, food which readily undergoes decomposition; and, at the same time there are furnished conditions in which bacteria may develop, which, though previously present, are unable to gain a foothold, or bacteria may be introduced in such numbers, and of such virulence, as to overpower the digestive organs.

*This and the following articles on this subject were read before the Susquehanna Co. (Pa.) Med. Society.

Infantile Diarrhea.

By H. S. PICKARD, M. D.
Springville, Pa.

Definition.

Those cases are denominated infantile diarrhea in which the alvine evacuations are more liquid, frequent, and copious than in health, occurring in children under two years of age.

Frequency.

Probably 95 per cent. of all children have diarrhea some time before they are two years of age. The disease reaches its greatest frequency in the three hottest months—June, July and August. Diarrhea begins to be common as soon as the temperature reaches 60° F. It becomes very prevalent whenever the minimum temperature does not fall below 60° F. Children of from 9 to 18 months of age suffer most frequently from diarrhea. Hand-fed children are the greatest sufferers.

Mortality.

In general, this depends upon the cause of the diarrhea and upon our ability to remove it. It is worse when the symptoms have lasted some time and when they are continuous; better when they are intermittent. If there is some evident cause which can be removed, the prognosis is much better than when no cause is discoverable except the child's delicate constitution. It is worse when there is rickets, syphilis or other constitutional vice. The existence of diarrhea increases the danger from any acute disease. Every physician who sees much of this form of disease has again and and again met with cases so weak, so

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wasted, and so anemic, that recovery seemed out of the question; and yet, after a few weeks, under favorable circumstances, they have begun to improve little by little, and finally have gone on to complete recovery.

Statistics compiled by observers in New York, Baltimore, Boston and Berlin say that the mortality varies but little from January to May, then rises rapidly to its highest point in the middle of July, to fall rapidly until October, after which it varies little until the end of December. There are very few cases of infantile diarrhea that prove fatal, except among children already suffering from athrepsia. It is not uncommon among such children to have fatal cases of diarrhea which have never presented any choleraic symptoms. It is a surprise to see with how few symptoms such children succumb. In cases suffering from athrepsia, any diarrheal attack may prove fatal, and a guarded prognosis must be given. I will now say something about

Cholera Infantum.

Cholera infantum can scarcely be mistaken for any other form of intestinal disease if its chief symptoms are kept in mind. The constant vomiting, the profuse serous stools, the great thirst, dry tongue, high temperature, and great restlessness, followed by rapidly developing collapse, sunken fontanelle, pinched, anxious face, cool extremities, weak pulse, dyspnea, cyanosis, stupor, coma, convulsions, and death, all occurring in the course of one or two days, are unmistakable.

Prognosis.

The prognosis is worse in a young infant; worse in one who has been badly fed and poorly cared for; worse when all the surroundings are unfavorable; worse when the patient has suffered from antecedent intestinal disease; and worse in midsummer. Yet almost every year are seen stout, well-nourished infants of 10 or 12 months, who have been tolerably well cared for, die from this disease. There are certain cases in which it is evident, from the first few hours of their sickness, that death will be the issue. In such cases it is simply cruel for the physician to intimate to the parents that the result might have been different if he had been called in time. No matter what the treatment employed, and no matter how early it is begun, the vast majority of the very severe cases terminate fatally. However, no case, no matter how severe, should ever be despaired of. They constitute not more than 2 per cent. of the cases of infantile diarrhea.

Infantile Diarrhea—Pathology.

By S. BIRDSALL, M. D.
Susquehanna, Pa.

In considering or discussing any disease, a good classification is a great help to both teacher and learner, but the literature of the subject makes this difficult. It is evident that authors do not find it easy to agree. Professor Vaughn says that a classification based on pathology or anatomic lesions is impracticable, or words to that effect. Were it otherwise, the task assigned me would be less difficult. I cannot claim originality in describing the pathology of infantile diarrhea, and, after consulting several authors, have concluded that I cannot do better than adopt the classification found in "Pepper's American Text-book of Theory and Practice of Medicine," which is as follows:

1. Acute dyspeptic diarrhea.
2. Cholera infantum.
3. Acute entero-colitis.
4. Chronic diarrhea.

As well-chosen synonyms often throw light even on a difficult subject like the special pathology of diarrheal diseases, I have selected some from other authors.

Acute Dyspeptic Diarrhea.

Synonyms.—Acute intestinal indigestion, simple diarrhea, irritative diarrhea.

Pathology.—"The lesions of this form of diarrhea do not pass beyond the stage of catarrh. There is redness, swelling, and increased secretion, but destructive lesions of the intestine do not take place." The term catarrh is so frequently used in reference to intestinal diseases that I thought a comprehensive definition from so good an authority as "Foster's Ency-

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clopædic Medical Dictionary" might be of service:

"Catarrh: A simple inflammation of any mucous membrane, in which the bloodvessels become engorged, and swelling takes place from exudation of serum."

Cholera Infantum.

Synonyms. — Acute milk infection. Choleraic diarrhea.

Pathology.—"Few or no lesions of the intestine are found post-mortem, and never any of an ulcerative nature. The gravity of the affection seems to be due rather to the associated paralysis of the vaso-motor nerves of the intestine, with a resulting profuse discharge of serum, than to any violent enteritis even of a catarrhal form."

The past few years have added much to our knowledge of cholera infantum. It is now generally regarded as due to poisons taken in the food, or developed in the intestinal tract from germs contained in the food. This being the case, we would not expect to find marked anatomic lesions, especially when the disease is of such short duration. It is not like a corrosive poison, carbolic acid, or a concentrated mineral acid that speedily disorganizes the mucous membrane, but, nevertheless, is capable of causing the most profound functional disturbances. If the poison is speedily eliminated, recovery is rapid, and the mucous membranes scarcely show a trace of its effects. Just as a person breathing an irritating gas, like chlorine, soon develops the subjective symptoms of severe bronchitis, and if this is continued but a short time, the person returning to a pure atmosphere, the cough ceases and the bronchial mucous membrane presents no characteristic inflammatory appearances, so in cholera infantum—the cause removed, no lesion is found.

Acute Entero-Colitis.

Synonyms.—Gastro-intestinal catarrh. Summer diarrhea. Sub-acute milk infection.

Pathology.—"The pathologic lesions are situated principally in the ilium and colon, although there may be hyperemia of the rest of the intestinal tract. The disease might, with good reason, be called ilio-colitis. It has sometimes been termed follicular enteritis, since ulceration of the follicles is present in most cases. During the first week of the disease the lesions are those of acute enteritis of moderate severity in adults.

"The mucous membrane of the affected region is swollen and softened, and the epithelium appears to have been shed in some places. The solitary and agminated glands are enlarged and prominent. After a week the solitary glands, particularly in the colon, exhibit ulceration, as do Peyer's patches to some extent.

"These ulcers rapidly enlarge and deepen, forming a central slough, and penetrate to the muscular layer of the bowel. In some cases, instead of this change, there is a diphtheritic or pseudo-membranous inflammation. This renders the intestinal wall firm, stiff, destitute of folds, and of three or four times its normal thickness. The glandular structure is indistinct, but there is no deep sloughing. The wall of the intestine has been rapidly infiltrated with small cells and fibrin in this variety of the disease."

Chronic Diarrhea.

Synonyms. — Chronic entero-colitis, chronic intestinal catarrh, chronic intestinal indigestion.

Pathology.—"Even in the cases which present symptoms of only moderate severity during life, and which have been chronic from the outset, there is found post-mortem distinct hyperplasia of the lymphatic follicles, especially the solitary glands of the colon. These are swollen and projecting, reach or exceed the size of a mustard seed, and are surrounded by a small red zone. In more severe cases, especially where acute diarrhea has preceded the chronic form, there is noticed, under the microscope, some loss of villi and a decided disappearance of many of the tubular glands. There is a great proliferation of lymph-cells in the mucous layer, with some new formation of connective tissue in cases in which the disease has persisted a sufficiently long time. In the worst cases, those following

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acute entero-colitis, ulcers are found, scattered over the mucous membrane, as the acute disease. Some are seen in all stages of repair."

Special pathology is generally regarded as uninteresting and comparatively unimportant. But this is wrong. A thorough knowledge of it throws light on any disease we may be investigating, and cannot fail to aid us in treatment, which is our most important function as physicians.

Treatment of Infantile Diarrhea.

By IRVING R. SCHOONMAKER, M. D.
Hallstead, Pa.

Prophylaxis.

Infants should be protected, by proper clothing, from extremes of heat and cold, and from dampness. They should be taken away from crowded or unclean districts in cities and towns during the hot weather, and have fresh country or sea air, and good hygienic surroundings.

The quality and quantity of food should be regulated; the milk and water pure and sterile; and, in very hot weather, an extra amount of water allowed, and solid food diminished in amount. No uncooked fruit or foods should be permitted in very hot weather. Infant-feeding in all its modifications would be interesting, but necessarily too copious to include in this paper, so I will only outline a general plan.

Clinical experience has proven that the average infant in the early months of its life does not digest unmodified cows' milk, demonstrating that the best results are obtained when the chemistry of the food more nearly approximates the chemistry of human milk. Hence cows' milk should be made to suit the conditions of the digestive tract at this time. The following formula will suffice for an infant of four months, and averaging fourteen pounds in weight.

		Oz.	Dr.
℞	Modifying cream	7	7
	Modifying milk	4	7
	Sugar solution	8	3
	Lime water	1	5
	Water	8	6
		31	4

Number of feedings, 7.
Amount, 4½ ounces.
Heated at 167° Fahrenheit.
Time in sterilizer, 20 minutes.

The water used should have been boiled for five minutes, and the milk sugar dissolved in the water previous to adding the other ingredients.

The materials required are a sterilizer, thermometer, tubes, stoppers of cotton wool, cozy graduate, milk sugar and sugar measure holding 3⅜ drachms, siphon, and a 1-quart jar. The milk should be kept from impurities by covering the jar with a clean cotton cloth until the animal heat is disposed of (fifteen miuutes); then place the sealed jar in ice water for six hours at a temperature of 35° F., when it can be siphoned for use.

Cream	½ oz.	Fat	0.25
Milk	1 oz.	Sugar	4.00
Lime water	1 oz.	Proteid	0.25
Water	17½ ozs.	Lime water	5.00
Milk sugar	2 meas.		
Cream	8 ozs.	Fat	4.00
Milk	2½ ozs.	Sugar	7.00
Lime water	1 oz.	Proteid	2.00
Water	8½ ozs.	Lime water	5.00
Milk sugar	2½ meas.		

In presenting a line of treatment for infantile diarrheas, I shall follow a plan which, while it includes prophylactic, internal and external medication, will also vary in accordance with the cause and seat of the disease producing the symptom of diarrhea. The papers preceding this have brought to your notice the causes, symptoms, and general characteristics, and I shall take up these several forms in order of their nature and severity.

First. Functional, Non-inflammatory.

Which, being due to increase in peristalsis and secretion from irritants and other causes mentioned, we find, no doubt, that the diarrhea has removed the irritant, and all we will have to do is to secure absolute rest to the alimentary canal for from twelve to twenty-four hours, giving small quantities of sterile water as frequently as desired. After twelve hours have passed we may give a thin rice or barley water containing a small amount of milk sugar. If much prostration is present, whiskey or brandy may be added. If artificial food is used,

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it must be very weak in character and limited in amount for several days. If the infant be a breast-fed one, the nursings should be at longer intervals, and about half the amount at a time. To rid the bowels of any fermenting material, castor oil or calomel may be used, and I have very successfully combined the two. Afterward some one of the preparations of bismuth (gr. x) or sodium benzoate (gr. iv) every two to four hours.

Second. Inflammatory Diarrheas

with symptoms of a toxic systemic infection—acute gastro-enteric catarrh. This being due to an intoxication of the system from absorption of toxins in large amount, or by the development of pathogenic bacteria with subsequent absorption, our efforts should be to secure active purgation and lavage of stomach and large intestines. We should also limit the development of bacteria by stopping all milk food. Sterile water *only* should be allowed for the first twenty-four hours. For the evacuation of the intestinal tract, castor oil or calomel again is our most prompt and efficient remedy. Castor oil, if the stomach will retain it; if not, then calomel (j to iij gr.). I sometimes use syrup rhei aromatic. in lieu of the oil and calomel, giving a teaspoonful every two hours until effective. Should vomiting persist, lavage of the stomach will be of great service, the fluid being either sterile water or normal salt solution at a temperature of 100° F. Three or four ounces introduced at a time, and allowed to escape until it returns clear.

A few hours after the administration of the purgative, an effort may be made to wash out the colon with a normal saline solution (gr. vij to qt.j) at a temperature of 98° F., allowed to flow slowly into the bowel through a large-sized rubber catheter introduced for six or eight inches. The hips may be elevated to facilitate the flow rather than too high an elevation of the reservoir. A cool or warm compress (70° to 100°) applied over the abdomen, and covered with an oiled silk and flannel binder, soothes and relieves pain; or a spice poultice may be used. The lavage may be repeated every six or twelve hours during the first two or three days.

As regards drugs at this period, the most important and most frequently employed are the salts of bismuth, subnitrate, subgallate, and salicylate. Tannigen, a new astringent having antiseptic properties, may be given in doses of gr. iv to gr. vj after inflammatory symptoms have subsided.

For Obstinate Nausea and Vomiting,

Dr. W. Blair Stewart recommends:

℞ Hydrarg. chlor. mit.,
Pulv. opii et ipecac . . . . . āā gr. $\frac{1}{10}$
Bismuth subgallate . . . . . gr. j
M. Sig.—Every half-hour.

Or

℞ Bismuth subgallate . . . . . gr. xv
Glycerol acid. carbol. . . . . gtt. xij
Spts. chloroformi . . . . . ℥j
Elix. lactopeptin . . . . . q. s. f ℥ij
M. Sig.—Teaspoonful every half or two hours.

For nurslings:

℞ Tannalbin . . . . . ℥ij
Spts. vini. gallici . . . . . ℥ij
Syrup. . . . . ℥iv
Aquæ dist. . . . . q. s. ad. ℥ij
M. Sig.—Teaspoonful four to six times a day.

℞ Resorcin . . . . . gr. xx–xxiv
Bismuth subnit. . . . . ℥j
Aquæ dist. . . . . ℥ij
M. Sig.—Teaspoonful every three hours. (Shake).

℞ Syrup. ferri iodide. Two to five minims for child two years old, after meals.

The following is a favorite formula with many:

℞ Salol . . . . . gr. xv
Pulv. cretæ prep . . . . . gr. xl
Bismuth subnit. . . . . ℥j–℥jss
Pulv. acaciæ . . . . . q. s.
Syrup. zingiberis . . . . . f ℥ss
Aquæ puræ . . . . . q. s. f ℥iv
M. Sig.—Teaspoonful every three hours for child one year old.

In the chronic forms, ordinary astringents do no good, and often may harm if administered by the mouth. Any drugs given should be such as will not disturb the stomach, and which may improve general nutrition. In cases of older infants, iron in some form may be administered; also inunctions of cod liver oil or oil of theobroma over the abdomen or body. Moderate employment of stimulants in nearly all cases is proper. Fats should only be allowed with caution. Starchy foods should be pre-digested.

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Scraped meats, meat juice, peptonized meat foods often can be given with benefit. Our chief therapeutic reliance must be injections into the colon after thorough irrigation. Good follows weak injections of silver nitrate, or, better yet, one of the zinc salts (gr. iv to Oj). Also tannic acid, gr. xxx to Oj; ext. hamamelis, ʒj–ʒij to Oj; colorless hydrastis, ʒj to Oj; starch water with a small dose of opium. All these high rectal injections are indicated when there is chronic diarrhea with glairy mucus discharges.

Opium is Contra-indicated

in the first stages, when there are infrequent movements with bad odor, when the temperature is high, when central symptoms are present, when its use is followed by increased temperature.

Opium is Indicated

when the passages are large and watery, in dysenteric discharges in conjunction with castor oil, in late stages with small frequent nagging passages, and when the bowels move as soon as food is taken into the stomach. Would call attention to catnip and fennel tea for relief of colic pains rather than opiates. A preparation by Tilden Co., called Elix. Catnip and Fennel, being also an antacid, is an elegant form for use in cases accompanied by much flatulence and griping pains.

In all instances where the temperature is elevated, cool baths, cold wet pack, or cool irrigation of the intestines should be employed, preferably cool baths. Whenever the temperature is above 102°, the infant should be placed in a bath at about 95° quickly lowered to 90° or 85°, a cloth wet with cold water being kept on the head. It should remain in this bath from three to ten minutes, care being taken to watch its effects, and, if necessary, use stimulants after it is over. Should prostration be extreme, or cerebral symptoms develop, two or three subcutaneous injections of sterilized normal saline solution should be given (sodii chloride gr. xlv to Oj), using half-pint at a time. Great caution must be exercised with all albuminous foods so long as the stools retain their offensive odor, say albumin water of white of one egg shaken up in six to twelve ounces of water and strained, with a little salt and milk sugar added. In older children raw-meat juice, weak broths, and peptonized foods; milk in all forms being forbidden. During the attack, the infant should be confined to its bed as much as possible. Soft unirritating flannel should be worn next the skin. Napkins should be changed as soon as soiled, and the buttocks kept dry. Give plenty of fresh air.

Third. Inflammatory Diarrhea

in which, in addition to the systemic infection, the symptoms of an acute local inflammation have a prominent part (*acute ileo-colitis* of Holt). Grass-green or brown stools, with mucus and blood. The same measures are to be employed at the outset as in preceding forms. Milk and all milk foods should be forbidden. A full dose of castor oil or calomel, followed by copious irrigations of the colon with tepid saline solution (sodii chlor. ʒj, aqua Cong. j); apply compress over abdomen. If there is much straining, a thin starch solution with a few drops of tinct. opii may be repeated once or twice a day. If there is much blood, use rectal injections of hot water (106°) with extract of hamamelis, allowing the fluid to escape. Tannic acid or silver nitrate may be used after acute symptoms have somewhat subsided.

Internally, for the first days, a mixture of:

℞ Castor oil . . . . . ♏iij–x
Ipecac . . . . . gr. $\frac{1}{8}$–$\frac{1}{4}$
Opium . . . . . gr. $\frac{1}{60}$
Acacia,
Aqua . . . . . āā q. s.
M. ft. emulsion. Sig.—Every three or four hours.

Later, bismuth in mucilage or aromatic water (aqua cinnamomi), cool baths, hygiene, and dietary applicable as in all other forms.

Lactic acid in 1¼-gr. doses every hour has been found of value in cases of summer diarrhea of children. On theoretic grounds, we would deem the syrup calcii lacto-phosphate a most efficient remedy in the general nervous and physical de-

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pression following a long severe attack of diarrhea, its digestive qualities combined with its property of aiding constructive metamorphosis rendering it a most palatable and efficient remedy in this class of cases. In breast-fed infants, the syrup calcii lacto-phosphate may be given to the mother in full doses to advantage.

Discussion.

Dr. C. L. Stiles, of Owego, N. Y., considered the important fact in etiology to be anything that depresses the vitality of the child: Improper food, sudden changes of temperature, dentition, etc. He thought it doubtful whether germs, about which we hear so much, play any important part in the causation of infantile diarrhea.

As to the treatment, the old adage, "An ounce of prevention is worth a pound of cure," holds good. Intestinal lavage is important. Wash out the stomach also. Give calomel in small and frequent doses, 1-20th to 1-10th grain. Castor oil is good, if it can be retained. Mother's milk varies so much in composition, owing to the varying condition of her health and mental state, that no satisfactory formula for a substitute can be given. The spiced poultice is a good external application. Flannel should be worn. Change of room and surroundings, if but for a short distance, is often beneficial. The condition of the mother's health should receive due attention.

Dr. A. E. Snyder, New Milford, Pa., takes nurslings off the breast and gives them plenty of water. Very little food of any kind should be given for the first twenty-four hours. Gives calomel, 1-10th to 1/8th grain, every hour or so until the stools show effects of the medicine. In the later stages he sometimes found podophyllin, in 1-20th-grain doses, productive of good results. Children are generally overfed. The rubber tube should never be used on the nursing bottle. He has found liquid peptonoids a valuable nutrient in protracted cases.

Dr. H. S. Pickard, Springville, Pa., has found the arsenite of copper, 1-100th grain in half a teacupful of water, a teaspoonful every half-hour, a valuable remedy.

Dr. I. R. Schoonmaker, Hallstead, Pa., was against the use of rubber nursing tubes. Bottles of sterilized milk should be stoppered with absorbent cotton. The care of the nursing bottle is too much neglected. He admitted that it is difficult to properly modify cows' milk, but it could be done and made to serve a useful purpose, as presented in his paper. He has found bismuth subnitrate and subgallate valuable remedies in nearly all forms of infantile diarrhea, but has had no experience with copper arsenite.

Dr. S. Birdsall, Susquehanna, Pa., was surprised to hear the infection theory of certain forms of infantile diarrhea doubted. Was confident that the theory has been gaining ground and is now well established. The severe cases of cholera infantum are due to poisoning, either from pathogenic bacteria or their toxines. With this point in mind, it is easy to understand the importance of two necessary procedures in treatment: First, elimination of the poisons by lavage and suitable laxatives. Second, stopping the supply of germ- or toxine-producing food. He was called, in consultation, to a child of about six months. Learned, from the attending physician, that he first saw the patient the day previous, and fouud it with severe cholera infantum. Appropriate remedies were given, despite which the child was pulseless and somewhat cyanosed at the time of the consultation. There were pinched countenance, cool, clammy skin, bowels still moving frequently. Stimulants given freely were of no avail, death ensuing in a few hours. A few days later he saw in the morning a child of seven months that had taken sick in the middle of the night previous, presenting the same symptoms as the first child at the time of the consultation. Cyanosis was more marked. Remedies were powerless to rally the patient, and death resulted in about twelve hours from the beginning of the attack.

A day or two later he was called in the morning to see a child of seven months, taken ill the previous night with vomiting and diarrhea, but the pulse and cir-

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culation were good. Symptoms not near so violent as in the other cases. Irrigated the bowels, and gave calomel, 1/8 gr., every hour for six doses. Syr. rhei aromat. in drachm-doses every hour for four doses. Copper arsenite, 1-2000 gr., every two hours. Plenty of fresh cold water; no milk for twenty-four hours. Gave bismuth subnitrate, 5 grains, every two hours after the first twelve hours. This patient rapidly recovered after two days' attendance. There was one singular circumstance to which he wished especially to call attention. In each of these cases he had asked the same question, "What has been the baby's diet for a few months past?" and received the same answer in all, "condensed milk." He would not attempt to theorize, or attempt to explain how this food could have produced such serious sickness, nor try to account for this singular occurrence on other grounds than that of dietetic influence, but mentioned the facts for further consideration.

Gastro-Instestinal Therapy.

By W. H. BLYTHE, M.D.
Mount Pleasant, Tex.

Winter has passed, and with it many of the diseases peculiar to the cold and wet season. What next? Spring and then summer, and with spring, summer, and early part of fall, the hot days and cool nights, we may reasonably expect gastro-intestinal maladies, especially among our little folks, and particularly infants.

It will be worth our while to spend a few hours, right now, looking over our past notes which have special reference to our treatment of infantile gastro-intestinal disorders, and compare them with our present method of treatment. See whether or not we are satisfied with our results, and if they are as favorable as they should be, or as favorable as that of the most approved methods.

We can, I think, without doing violence to ourselves or to others who may not have confidence in it, express ourselves as exceedingly thankful to the untiring energy of the investigating pathologist who has shown us the why of, at least, quite a number of intestinal disorders, while the careful, painstaking, clinical observers have developed a rational treatment for the same, based upon the finding, mainly, of the pathologist—antisepsis. Yet we will not wrangle over whether it is strictly intestinal antisepsis or not, but we do know that we obtain quite satisfactory results with our therapeutic gun aimed in that direction, loaded with the sulphocarbolates and company. That was not the case when our dependence was on opium and other astringents, from beginning to ending. I do not say that opium is not at any time necessary even now, but not so much so by a great deal, and, in fact, will seldom be indicated except for excessive peristalsis.

Whether or not the presence of pathogenic micro-organisms and their dead bodies be the cause, we need not care, so long as the fact is demonstrable that a method, whose object is to arrest the further manufacture of micro-organisms and eliminate the ptomaines, works out a satisfactory result.

The therapeutic ammunition is, usually, a few drugs, of which the following list comprise about all, and then they are to be strictly pure: sulphocarbolate of lime, sulphocarbolate of soda, and sulphocarbolate of zinc, singly or combined, as may be indicated; and if the zinc should at any time irritate the stomach, the addition of a little subnitrate of bismuth will correct and prevent further irritation. The zinc should at all times be largely diluted with water. Salol, now and then salol and camphor. In no case in which I have used the sulphocarbolates has there been a case of hemoglobinurea, but I have seen smoky urine from the use of salol.

Guaiacol carbonate is well supplanted by the sulphocarbolates. Arsenite of copper, in some cases, is indispensable for it has certain powers to increase the resistance of cellular structures against the invasion of poisonous products. Then comes nuclein, because it is a defender of the white blood-corpuscles, and it will be indicated in the majority of cases, espe-

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cially in convalescence. Bichloride of mercury is by no means to be forgotten, for in cases where it is indicated, and they are frequent, it will do what no other drug will. Again, do not forget emetin, gelsemin, aconitine, hydrastin, hyoscyamine, strychnine, atropine, and, by no means last, nearly always first, neutralizing cordial or calomel.

With proper feeding, proper nursing, good hygiene of the house and premises, and the judicious application of remedies from the above list, the death-rate will be next to none, and spurious hydrocephalus exactly none.

Up to about six years ago, each spring and summer had its horrors for me, from the fact that the prevailing methods of treatment of gastro-intestinal troubles was not at all satisfactory or successful. But not so now, as by the adoption of a less empiric and more rational and scientific treatment that dread has gone.

We are all well aware that there are several different causes at work capable of producing gastro-intestinal disorders, and that perhaps no two cases are exactly alike; neither are they treated precisely alike, as each case has features peculiar to itself, yet the principle is the same. In each and every case there is produced functional derangement of the nervous clockwork of the whole system, which lessens the body's power of resistance, and by cleaning out and establishing free drainage, together with such of the above-named drugs as are indicated, we protect the nerve-centers, and allow Nature to have a chance to come to our aid, rout death, while we claim the cure.

With regard to each drug's indication, which has already been given, it may be well to sum up, as briefly as possible, each one's indication and dosage. I will, in stating the dose, give it for a child one year old in each instance. The sulphocarbolates of lime, zinc, and soda may be used singly or combined, as already stated. But to be more specific, when it is desired to continue the intestinal antiseptics without the astringency of the zinc, the soda may be substituted, with or without the lime, as may be indicated. The sulphocarbolate of sodium is less irritating to the stomach, and less constipating than the zinc salt. That is the principal difference.

There are cases which refuse to yield to the usual treatment, and the discharges become more frequent and offensive, having the odor of spoiled meat, with bloody mucus, together with increased tormina and tenesmus, in fact, the condition assuming a dysenteric character. Here is where I would prescribe bichloride of mercury, giving gr. 1-134th to gr. 1-200th, every two to four hours until the stools change to better, then at greater intervals. Along with the bichloride, if there is excessive peristalsis, opium is indicated, but hoscyamine can usually take its place.

If the passages are slimy, bloody, and green, mixed with undigested particles of food, no tormina or tenesmus, and after administering calomel or the neutralizing cordial, the mouth and tongue remain dry, and stools not improved, then emetin, alc. ext., gr. $\frac{1}{12}$ to $\frac{1}{17}$; sulphocarbolate of lime, zinc, and soda, grs. 24; water, oz. 3. M. Sig.—One teaspoonful every one to two hours; expecting decided improvement.

If there is excitement of the nervous system, fever, and considerable irritability and restlessness, I would add gelsemin, con., gr. 1-134; water, oz. 3. M. Sig.—Teaspoonful every half to one hour until effect, then at longer intervals as indicated.

When there is fever high enough to demand an antipyretic, in the majority of cases, I know of no drug that answers so well as aconitine, amor. alk., gr. 1-134; water, oz. 3. M. Sig.—Teaspoonful every half to one or more hours, according to fever. When adynamia is present, strychnine or brucine should be added.

In any and all bowel diseases of childhood, where tenesmus occurs, I give hyoscyamine preference over opium, and it seldom fails to respond faithfully. It relieves the pain and straining. Hyoscyamine, amor. alk., gr. 1-250; water, oz. 3. M. Sig.—One teaspoonful every half to one hour until desired effect, then as needed to maintain the ground.

Strychnine, we know, is contra-indi-

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cated in some cases, but when we meet such cases as where there is more or less perfect atony of the bowels, gaseous distention of the abdomen, and, while we do not want to excite peristalsis unduly, we do want to arouse the central nervous system, strychnine will do it, if it can be done

When there is a weak pulse, surface cool to cold, and looking from pale to blue, indicating capillary congestion, and showing symptoms of collapse, then and there we want to stimulate the vasomotors, and we will do it with small doses of atropine as follows: Atropine, alk., gr. 1-250th; water, oz. 3. M. Sig.—Teaspoonful every two to six hours as demanded by the intensity of the symptoms.

As to hydrastine, I prefer the (alk.) sulphate, as it is, to a certain degree, antiseptic, tonic, and alterative to the mucous surface of the intestinal tract as well also as an hepatic stimulant, therefore so often useful in convalescence.

A Case of Deciduoma Malignum.

By DR. CARL GISSLER,
Brooklyn, N. Y.

Mrs. C., aged 23, married two years, had two miscarriages, in the fourth and sixth months of pregnancy. I curetted her after each, but at the last there was considerable hemorrhage, and the uterus was very thick-walled, soft, and doughy. The patient had a peculiar bluish-white countenance, weak pulse, with a peculiar heart-murmur, all symptoms of pernicious anemia. Some *debris* of the last curettage was given to two pathologists, both finding epithelial cells, thus confirming the diagnosis of deciduoma malignum in such a comparatively young woman. After the first miscarriaage, she took a tablespoonful daily, in the afternoon, of a solution of iodid of potassium, 3 drachms to 4 ounces aqua, for about eight months; also elixir pepto-mangan in the A. M.

On March 16, 1898, I removed the uterus and both ovaries by the vaginal route. Drs. W. H. Davis and P. Manecke, and my son, Dr. Edw. F. Gissler, all of Brooklyn, were pressent. The excellent nursing of the patient by Miss Elsa Meissner largely contributed to her welfare. She got along nicely. Her daily temperature was 100° or 101° F., and pulse 90 to 100.

She received some medication every five to six hours, consisting of either of the following: ½-grain of calomel, 15 drops of a diluted ichthyol solution in a gelatine capsule[1], two tablets of protonuclein. There was always a chance for the system to absorb either one or the other, or perhaps a metabolized (sulphide) mixture of these ingredients administered for some three months after operating. She received no more iodid of potassium since her last miscarriage, but the elixir pepto-mangan ferr. was kept up irregularly.

On April 4th, 5th, 6th, and 7th (she was kept in bed fourteen days) her temperature rose, and there was a constant pain over, but a little higher than, the appendix.

On April 7th I consulted with Dr. Manecke. We concluded that there was either a pus-sac or an appendicitis. Consequently, on April 9th, I made an exploratory laparotomy over the highest point. As soon as I opened the peritoneum, the smooth, glistening, but nodular liver was exposed, but neither an inflamed appendix nor a pus-sac was discovered. I closed the incision immediately in the usual manner. Later the pain gradually subsided; likewise the temperature, pulse and other symptoms.

Did the mere exposure of the peritoneum to the light, as in tuberculous peritonitis, have some beneficial effect, or was it the peculiar medication? At any rate the patient recovered, and was up three weeks after the laparotomy. The hepatic pain became less every day. The nodulation of that organ, however, lasted some nine months. The case was purposely not reported earlier because of its peculiar nature. The lady to-day is round and fat and enjoys perfect health.

264 Cornelia St.

[1] The diluted ichthyol solution consisted of: Ichthyol, 6 drachms; glycerine et aqua, each, 1½ drachms. The empty gelatine capsules were No. 00, and were filled a moment before taking.

Medical Fads and Quack Methods.

By J. F. RITTER, M. D.
Maqsoketa, Ia.

As considerable attention has been drawn during the late year to the many new (?) fads in the domain of would-be-medical science, and many attempts having been made for their suppression, and as many of the views of the profession upon these subjects are partizan, or at least prejudicial in their tone, it may not be amiss to look at them from a dispassionate and practical point of view in regard to their actual relations and tendencies to modification of present applied therapeutics. The medical fraternity takes pride in boasting of its liberal and dispassionate manner of regarding all new departures in the treatment of disease. The original destiny of regular practice was to have been all-inclusive of every suggested therapeutic measure for relief, regardless of its source. If it had not been for intolerance usurping the liberal spirit of the profession, the different dissenters from regular medicine would have been given a hearing, and the good of the new measure would have been incorporated in general practice, thus preventing the founding of new cults and systems of treatment, such as Homeopathy, Physio-Medicalism, Eclecticism, and the minor systems which have of late occupied so much attention in the legal arena.

Even to-day, how many "up-to-date" physicians can be approached in a discussion upon the subjects of psychology, massage, suggestive therapeutics, osteopathy, and even electricity, not to mention any of the more abstruse, immaterial and visionary fads of to-day, such as magnetic healing, magnetism, hypnotism, theosophy (that intellectual pleasantry), spiritualism, justly designated an ethereal delusion, or that vicarious burlesque upon science and religion which has in late years laid hold of the minds of not a few of our otherwise intellectual members of society, with any hope of a satisfactory answer, or with more than a supercilious sneer or caustic comment about quacks, and often insinuating that the questioner, who is generally one of their own *clientele*, is more or less simple or idiotic to allow these things to occupy his thoughts for a single moment. To the laity these are burning questions resulting from the successful enterprise of fadism, and sooner or later we, as a profession, must face the alternative of confessing our ignorance and lose the confidence of our patrons, or of giving intelligible information drawn from study and experience along these lines.

It is extremely rare for me to hear a lay questioner receive from his physician an intelligent and satisfactory answer upon any one of the above-mentioned fad-methods of treatment. His desire for information is not only not satisfied, but he is also humiliated by the one to whom he looks for instruction that it is not our right to deny him. These questionings of the lay mind are rapidly approaching a plane upon which we, as a profession, will, in the very near future, be compelled to meet on ground of the fadists' own choosing, backed up and supported by their long lists of actual cures of affections which for years have baffled the most skillful of the regular medical fraternity. On therapeutics the lay mind is at present in a state of rapid evolution, and the profession, by its apathetic conservatism about everything not originating within strictly ethical lines, is unprepared to successfully meet the demands for information along these lines. At the same time all these methods are turning out innumerable cures after the repeated failure of regular medicine, and of this the laity is becoming only too well aware for the good of the profession, so that when an unsatisfactory answer to some reasonable question is received, the confidence of the questioner is lost in his physician, as he has demonstrated by it his ignorance, or bigotry, or both. As a result, the questioner will go where his questions are at least satisfactorily, if not intelligently, answered by the fadist. What our lay friends want, demand, and have a perfect right to know, is the true efficacy of these various methods. We are doing our *clientele* an injustice, and

losing prestige and practice, by not being familiar with them, in order, at least, to give intelligent information if we do not apply their principles and incorporate them in our practice in appropriate cases. They look up to us for direction, and have confidence in our judgment, or they would not trust their lives and the lives of their wives and children to our care.

You may ask "What would you have? Is the conservative and conscientious profession to adopt quack methods wholesale, and heartlessly play upon the gullible public and fleece them?" By no means! In order to be a success, everything promulgated must possess a semblance of truth, at the same time have some few underlying scientific principles for a foundation. It matters not how these basic principles may be interpreted or warped in being presented to the public, or how far-fetched and untenable the argument by which they are bolstered up, so long as the actual scientific facts are at the bottom of the superstructure. They are actually present, and are indestructible, and cannot be distorted to him who earnestly searches for their real nature and signification. Quackery consists, not in the presentation of intentional falsehood, but in the imperfect presentation of truth, or its misinterpretation. These truths, as a matter of course, may be intentionally or unintentionally misrepresented, according to the knowledge or ignorance of their exponent. But to the conscientious searcher for scientific truths there are far-reaching, basic, scientific facts underlying all of the methods of fadism above mentioned.

What we would have is a dispassionate search into these basic principles, and their scientific application in therapeutics as adjuncts to material medication by an enlightened, educated, and cultured fraternity. It is rapidly approaching that crisis where the profession will be either obliged to incorporate the good of these fads in its own practice, or be deprived of the cream of its prestige and financial support in the loss of its "chronic" *clientele*. Looking at it from a purely business point of view, these cases are not only chronics in habits, but also chronics in pay. Chronic cases in general, and especially those of a functional nature, which includes by far the largest per cent., are notorious for their difficulty of cure by means of regular methods, and they are equally notorious (to those who have given the subject sufficient thought) for their ease of cure by what we may term immaterial or psychic methods. This is fully apparent to any one who has given the subject the least amount of unbiased investigation.

The great trouble with the fadists, and not infrequently with ourselves, is that the individual is prone to look upon the disease and its treatment from his own point of view, not giving credence to the opinions and experiences of his associates or contemporaries. This is well illustrated by a few verses entitled "Going to See the Elephant."

"It was six men of Indostan, To learning much inclined,
Who went to see the elephant, (Though all of them were blind)
That each by observation Might satisfy his mind.

"The first approached the elephant, And happening to fall
Against his broad and sturdy side, At once began to bawl:
'Why, bless me! but the elephant Is very like a wall!'

"The second, feeling of his tusk, Cried 'Ho! what have we here
So very smooth and round and sharp? To me 'tis mighty clear
This wonder of an elephant Is very like a spear!'

"The third approached the animal, And happening to take
The squirming trunk between his hands, Thus boldly up and spake:
'I see,' quoth he, 'the elephant Is very like a snake!'

"The fourth reached out his eager hand, And felt about the knee;
'What most this monstrous beast is like, Is mighty plain,' quoth he;
''Tis clear enough the elephant Is very like a tree!'

"The fifth, who chanced to touch the ear, Said: 'E'en the blindest man
Can tell what this resembles most, Deny the fact who can,
This marvel of an elephant, Is very like a fan!'

"The sixth no sooner had begun, About the beast to grope,
Than seizing on the swinging tail, That fell within his scope,
'I see,' quoth he, 'the elephant Is very like a rope.'

"And so these men of Indostan, Disputed hard and long,

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Each in his own opinion, Exceeding stiff and strong,
Though each was partly in the right, And all were in the wrong.

So, oft in therapeutic wars, The disputants, I ween,
Rail on in utter ignorance Of what each other mean,
And prate about an elephant Not one of them has seen."

So each and every school of medicine has its peculiar way of looking at the elephant, and, as we all desire to be in the right, and all our efforts are to that end, it is but a step for us to delare that we are right, because of the results we obtain by our peculiar method. Then, granted that we are right, all others must be in the wrong. We apparently, in our upward course, cannot pause and reason that, while we are in the right, we may be but partially so; and while we may think that our brother is wrong on the whole, still there is a possibility that he may be partially right.

Then, again, applying this same reasoning to the so-called quacks, many of these men are conscientious. They study along a certain line, whether thoroughly or superficially, apply their theories, obtain results, become enthusiasts, are convinced that they are right, and, as one of the blind men, unable to tolerate any other method than their own. We have them ever with us, and even in our own ranks we think of our professional friends largely according to the stress they lay upon certain methods of treatment. I dare say there is not a reader who does not rely almost implicitly on some certain drug or combination of drugs for routine treatment, almost to the exclusion of many others which in the hands of other men will produce for them as excellent results in identic conditions.

We have the educated and versatile stationary quack (by this I mean one who, in addition to a medical education, is familiar with all the popular fads), and he is one of our strongest competitors in a business way, because his quack methods cease the moment he has obtained his patient. He treats him scientifically, gets excellent results and satisfaction, and extends his practice to the good of the community.

Then we have the pure quack, both in principle and practice, in those disreputable traveling fakirs who deliberately fleece the people by quack methods both in securing and in treating them. They are usually cunning enough to gull the public and evade the law at the same time, not to mention the positive physical injuries often inflicted upon their victims by incompetent treatment, or negatively by preventing them from seeking treatment of a reliable physician until the time for effecting a cure has passed.

But, of all the quacks, those within our own profession, and with a solid reputation behind them, what we may term scientific quacks, are guilty of the most insidious charlatanry. We mean, by these, those who, when called in consultation, criticise and find fault before the patient, or those interested in his welfare, with what is being done, and at the same time refuse to offer any suggestions for relief. They destroy the confidence of the patient in the physician of his choice without extending hope of succor, and with an inward hope that the patient will become sufficiently dissatisfied from the seeds of discontent thus sown to seek the consultant, thus enriching his purse with a few paltry dollars, or his vanity, by recovering professional prestige with former patrons. If are there any criticisms to be made, or suggestions advanced, they should be given in private, for very few who call for consultation are so short-sighted as not to institute any suggestions which promise relief. The change being made, the patient realizes that it was a result of the consultation, and the consultant receives his just credit, the gratitude of the patient, and the confidence of his professional brother. We are too prone to regard each other as antagonists rather than co-workers, and, for a little brief advantage, are prone to do uncharitable acts which are sure, sooner or later, to overtake us with their just consequences. These constitute the worst form of quacks, with the exception of those who apparently agree in the presence of the attending physician, but give utterance to some adverse expression or shrug of the shoulders when his back is turned, which may convey as much or more than

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words in undermining the confidence of the patient in his attendant, for their reputation is established and untarnished publicly, while in spirit and precept they are reeking with venom, and appeal to the respectable members of the profession only to excite their just derision and contempt, not being worthy of manly notice.

Osteopathy.

But to return to the curative results obtained by some of these different followings. Osteopathy is at present receiving, in our own State (Iowa), a large proportion of the venomous comment of the regular profession, and the attention of medical legislation. This form of massage and mechanics, or "manipulation," as its devotees are pleased to designate it, is indubitably producing most excellent curative results in a certain class of chronic cases that have failed to yield to regular methods. As we all know, the promotors have displacement of tissues, whether bone, nerve, muscle, or ligament, as the basic principle or corner-stone upon which to build the superstructure of cure. Now this underlying principle is an actual scientific fact, which, when properly applied in appropriate cases, produces immediate relief, and actually wonderful and permanent cures. As a class of diagnosticians, we pay far too little attention to the spinal column, and the intercostal and spinal nerves as they are given off from the spinal cord and emerge for superficial distribution. Many forms of neuralgic pains, lumbagoes, so-called "neuralgia of the heart," rheumatoid pains, many abdominal pains, numbness and tingling of the extremities (particularly the upper), chronic migraine, and a small host of minor annoyances can be traced directly to irritation of the trunks of the spinal nerves, or those corresponding to them, as the great and small occipital nerves, at their origin from the spine, or emergence from the spinal and cranial foramina, as a result of mechanic pressure, due to congestion or mechanic squeezing and pinching between the vertebræ, by flattening of the intervertebral cartilages, by being bound down to ligamentous structures, by persistent incorrect positions (as in sitting), or by strains from excessive muscular exertion.

Beneficent results are frequently obtained in the most unexpected cases. One case in particular, a lady 30 years of age, troubled for 16 years with numbness and tingling of hands and fingers. When doing her housework she had to arrange several kinds of work ready to hand. After peeling fruit for a few moments the hands would begin to cramp, when she would change to sewing for a like time, then to knitting or some other duty, after which she would have to begin the round again in order to get anything accomplished. After I had exhausted all my regular methods, extending over six or eight months, I determined to use osteopathic work. She received three treatments applied to the nerves emerging from the brachial plexus, and has been entirely free from all annoyance for several months.

A second case was one of impotence of six years. He was treated all this time, except for short intervals, with everything from regulars to newspaper advertisers, and all the forms of practice between the two. Examination showed extremely tender points along the spine in the lower dorsal and upper sacral regions, pressure upon which sent pains to testicles and scrotum. After two treatments, he was successful in coitus, and with steady improvement for three months, he now appears as vigorous as ever, having received, on an average, one treatment per week.

Massage.

Massage is an excellent method of treatment in all cases where osteopathy gives satisfactory results, and in all forms of wasting disease. It is especially indicated in chronic gastric troubles, so-called female weakness, chronic constipation, and the many forms of disease resulting therefrom, migraine, chronic neuralgias, and many others.

By the use of massage, which includes upwards of three hundred movements or methods of application, either a stimulative or sedative effect can be obtained

upon the nervous system; the blood current hastened or retarded; the removal of waste matter accelerated; involuntary muscular activity increased; and swellings and local congestions reduced, there being hardly a tissue in the body which cannot be appreciably affected in a beneficial manner by some special manipulation of an expert masseur.

Other Cults.

It is needless to dwell, for the present, upon the efficacy of electrical treatment in the many forms of chronic disease, as it has been definitely accepted as efficacious by the general medical profession.

The same may be said in regard to the different schools of medicine, as homeopathy, eclecticism, etc., for these callings, when compared with a like number of cases treated by regular methods, give approximately the same percentage of cures.

Psycho-therapeutics.

Coming now to Psycho-therapeutics, we enter a domain with the knowledge that we are liable to provoke winks and wiseacre criticisms, for it is a subject given but meagre consideration, even by many of the most thoughtful and progressive of our calling, and, like the laity, we are prone to judge hastily and erroneously, and what we lack in knowledge we attempt to make up in vituperative verbosity and caustic personal criticism.

Under this head we may group all those above-mentioned methods, viz., suggestion, hypnotism, mesmerism, magnetic healing, christian science, spiritualism, and others. For all these the same fundamental principles obtain for the foisting of cults upon the laity. These cults and fads are merely different interpretations of the same forces, each cult seeing the elephant from a different view-point but all striving for the same goal—the cure of disease—and all attaining the same end in a certain class of cases.

In all these forms of treatment, the fact that mental processes influence physic structure, or at least physiologic function, is the key to the results obtained. In scientific psycho-therapeusis a great variety of methods are used, including anything and everything material or immaterial which promises to effect a profound mental impression upon the patient. The influence of mental impression, or suggestion, is the all-important factor in the relief and cure of the patient.

Disregarding the different cults, we will endeavor to explain the theory of what we will term scientific psycho-therapeutists, or suggestive therapists, as its advocates have been pleased to term themselves. This term is to include only regular physicians who apply psychic methods in appropriate cases as an adjunct to regular medical measures.

They divide the nervous system into two great classes, the same as is universally accepted, viz., central nervous system and sympathetic nervous system, or voluntary and involuntary. They consider the central nervous system as controlling all volition, and giving the objective phenomena of life; the sympathetic nervous system as controlling all involuntary or automatic action, giving the subjective phenomena of life. The subjective or automatic mechanism is claimed to direct all vital functions, such as respiration, circulation, assimilation, secretion, peristalsis, digestion, etc., these functions not being subject to the will, but working automatically and independently until the normal life-potency is exhausted, and senile demise takes place, unless violently destroyed by some unlooked-for accident or disease-process. This sympathetic nervous system is subject to control and stimulation by verbal suggestion, provided this control can be initiated. By such means nervous energy can be directed along any special channel in need of modification; stimulated where needed, depressed, inhibited, or perverted, as may be indicated by the symptoms of the case in hand. In order to obtain this result, the co-operation of the patient must be obtained, either by initial co-operation or antagonism. It is not at all necessary to have the patient in the hypnotic state, and, in fact, it is not desirable, as then everything said and done is perfectly remembered, and

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there is no occasion for distrust. The patient merely experiences immediate relief, and appreciates the efforts made for his recovery.

In order to produce a sufficiently strong mental impression along any certain line, anything is considered legitimate from a cold shower-bath or an electric treatment to active purgation, verbal instruction, or any method necessary to obtain the desired mental state. By obtaining a sufficiently strong mental co operation, the nerve energies of the patient can be directed with as much precision to any special part, or along any channel, as an electric current can be directed and controlled by means of shunts and switches.

Within their proper sphere of action, these theoretic propositions appear to be upheld and demonstrated by practical application and results. As is generally admitted by suggestive therapists, functional troubles present the field of greatest achievement, although, in many organic troubles, relief of suffering and irritation can be obtained, thus conserving the nervous energies otherwise wasted by the expression of pain and nervousness. At the same time, it is claimed that *all* disease, of whatever nature, is in its earliest inception a functional wrong. Given a normal physical structure wherein all functional activity is energetic, the entrance of disease is an impossibility until this functional vigor is first overcome, which may be accomplished by at least six groups of causes, viz., (1) chemic poisons, (2) mechanic injuries, (3) excessive physic exertion, (4) exposure of various kinds, and (5) germal and (6) sudden emotional shock.

The last, emotional shock, is not the least cause of overthrowing this normal balance, for sudden uncontrollable anger in a nursing mother has been known to so poison the milk that death quickly ensued to the nursing infant. Fright and grief frequently take away a sturdy appetite. Constant brooding and worry, how frequently does it play havoc with our housekeepers, destroying their appetites and insidiously undermining the general health, until, from a mild and purely functional ailment, grave organic wrongs arise.

That we, as a profession, repeatedly fail in the successful treatment of functional troubles is abundantly attested by the great lay apostasy at present manifested by our old-time *clientele* taking up with osteopathy, christian science, spiritualism, magnetic healing, faith-cure, psychic and absent-treatment methods, and obtaining relief after having treated faithfully with us for months or years without result.

There is something radically wrong, either with the people or with us, and it behooves us, not only for the sake of the suffering, but also from a financial view point, to be able to handle this class of patient successfully, as such a very large percentage of sickness is of a functional nature. Many physicians, in handling a functional case become impatient, and say "Oh, she is hysteric. She will be all right." And while this is all very true, it does not relieve the patient, who suffers as acutely as in affections of a really dangerous nature. People look to us for relief, and if we fail them in need we cannot blame them for seeking elsewhere.

The Remedy

The remedy for this lamentable condition of affairs is for the profession as a whole to look into the underlying principles of every new fad or method as soon as it makes its appearance, adopt those of efficacy, and incorporate them in a scientific manner with drug treatment. In this way, and in this way only, will we be able to stamp out quackery, and protect the laity from fadists who are as liable to treat typhoid fever the same as whooping cough, or appendicitis as they would asthma. When we adopt the good in fad methods, and apply them in appropriate cases, there will be no field of labor for the traveling charlatan, for the regular M. D. will have forestalled him in being able to give the good of his work, and eliminating the bad without the uncertainty of results attending all these methods.

When this time comes, and not before, will the necessity for instituting laws (which in reality merely give widespread

and free advertising instead of restriction) for the suppresion of osteopathy and the whole brood of drugless healing be at an end. If these subjects are properly investigated, each and every physician can become an expert psychologist, in which position he can adapt himself to the wants and demands of the laity. He can as readily give a massage treatment as put up a box of pills; as readily give a treatment in magnetic healing or suggestion, or what not, as put up a bottle of tonic, not to mention the excessive cheapness in the material necessary for the former. By this means he will obtain results, please his patients, relieve them, extend his practice, and be of permanent good in the community in which he practices.

While this plea has been largely for irregular methods, we would not forget the good old standbys of material medication, for psychic treatment will not accomplish everything any more than going to a pigsty and telling its occupant he is getting fat without material means, will prepare him for a profitable market. At the same time, there are many forms of functional troubles in in which this very principle works like a charm by arousing the nervous energies and concentrating them upon the affected part, but we must have tact and know how to tell the patient. For instance, if a lady is complaining about being "too fat," it may not be amiss to concede that she is fleshy, but not corpulent. Fleshiness is not ungainliness, whereas corpulence is.

I consider it truth that if we persistently ignore these things, the results of our sins of omission and commission in the name of conservatism will not be effaced by a vicarious atonement, but by a real, a personal, and an ever-present one.

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Communications.

Fecal and Urinary Retention, with Mental Disturbance.

To The Medical Council:

On Tuesday, April 22, 1902, about 1 P. M., I was hastily called to see Aunt Lucy H., a negro woman, about 55 or 60 years old. She is very much above most of her raoe mentally and morally. I found her with apparently no fever, although she said she had had a chill at about 10 A. M. She complained of severe headache, indicating the back of her head, neck and back, as almost killing her. I had treated her frequently within the last fifteen years for troubles attending the menopause, and always found good reasons for her complaints, but this time neither pulse nor temperature indicated fever. In several other respects her mind seemed to be badly out of line. As I could get but little help from the family toward making a diagnosis, I adopted the expectant plan of treatment. Her tongue was heavily coated, so I gave her:

℞ Calomel . . . . . gr. iij
Ipecac . . . . . gr. ij
Acetanelid . . . . . gr. xij
Mix. Ft. c. vi.
S.—One every two hours.

Next morning her condition was much the same. Her bowels had not moved, although she said they had freely the day before, but none of the family remembered it. I had two doses of salts given, each in a teacupful of hot water two hours apart, followed a few hours later with a warm soapsuds enema, but without effect. I saw her about 2 P. M., and her restlessness was so like cases I had seen of retained urine, that I catheterized her, drawing off a little more than a gallon of very dark urine.

I doubled the calomel and ipecac of the previous day, giving it this time in four doses four hours apart. As she still had no action from her bowels next morning, I gave her an enema myself, using a long rubber tube up into and almost the whole length of the transverse colon, irrigating it with one ounce of

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boroglyceride, and following it by a half gallon or more of warm water. This brought away a large amount of feces. The odor of this, like that of the urine of the previous evening, resembled that of either substance that had been left in a vessel until it had become putrid.

Her mind still being very much depraved, I was satisfied that I had a case of uremic and fecal toxemia. So partly for its eliminative, but principally for its antiseptic properties, I again doubled my yesterday's prescription, giving it in the same number of doses, and in the same time, but leaving out the acetanelid. I also added a uric acid intestinal antiseptic tablet, one every four waking hours, so that four or five tablets were given each day. The irrigation of the colon was necessary every day, to which I added, besides the boroglyceride, 20 drops of carbolic acid, during the discharge of which urine was also passed. As a matter of safety, I used the catheter every evening. After the second evacuation in this way, the discharges lost their offensive odor, but there was no apparent effort on the part of Nature to do her own work until about midnight of the 26th, when her bowels and bladder acted naturally, and, as I expected, she fainted. When she recovered consciousness, she was in her right mind and has so continued.

Her further treatment was simply reparative, for she discovered that she was very weak, something she had not known before. In fact, she remembered nothing that had occurred since I had first seen her. One result of her treatment that may appear strange is that there was no ptyalism despite the enormous amount of calomel taken within the five days, aggregating nearly a hundred grains, and keeping in mind the fact that we have no evidence of peristaltic action above the colon until six or eight hours after the last of it had been given. This result, however, accords perfectly with my observation. I believe, and have frequently remarked, that it was the excess beyond the amount of the drug needed to overcome the systemic poison that produced ptyalism.

While I, like most of the older physicians of this country, believe that the prudent exhibition of calomel in proper combination is necessary to combat most of the fevers we are called to treat for just the reasons above given, I am quite as thoroughly convinced that only the large doses so often recklessly given, are harmful. The purgative effect of calomel, when anything else would answer, I look upon as only an evil, but when the system is so entirely anesthetized with morbid products as the one I have cited, I know of nothing else that can take its place. Like other potent remedies, it is powerful for evil as well as good, and salivation is not the greatest of its bad effects.

All the cases of typhoid fever I have seen for a number of years had an incipient period of from one to six or eight days that more nearly answered for malaria than for typhoid. And in my hands, if I could establish a marked mercurial action of the bowels during that time, it mattered very little what the other treatment was—the fever subsided. Of course, I always looked after other features, but when the fever was ever so decidedly periodic, I got the best effects from quinine after the *prima via* had been cleared, not purged. I have no routine treatment, but where everything else is equal, I meet similar indications with similar remedies.

And now, Mr. Editor, I have tried to give a correct report of my case as it developed. You will observe that the mental aberration was not lunacy, such as usually attends high fevers, but more like the somewhat stupid exhilaration sometimes seen after a small drink of whiskey. I will be very much obliged to you, or any members of the "Council" family, for suggestions as regards diagnosis and treatment.

J. W. MILLER, M.D.

Shannon, Miss.

We should like to have reports of experience with the continued fevers, malaria, and other diseases peculiarly incident to the late summer and early fall season for our Aug. and Sept. numbers. Doctor, give us your ideas.

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Sugar in the Urine Without Evident Cause.

To The Medical Council:

Two cases which have recently come under my observation have caused me to desire some information which I do not find in my books. These cases came to me in the course of my examinations for life insurance, and are as follows:

The first was that of a man apparently healthy. He was foreman of a small factory where he was actively and laboriously engaged in his daily duties. The examination disclosed no symptom which could indicate any departure from a healthy standard until I tested his urine, when the presence of sugar was seen. Not feeling satisfied that this was not a merely temporary matter, I procured a second specimen with the same result. Of course, he was rejected.

The second occurred in a young woman whom I have known for several years. She is a school teacher, and I have never known her to have a day's sickness. The test of the urine resulted the same as in the preceding instance. Of course, I do not know how long sugar had been present in either, but certainly there were *no* symptoms of "diabetes" in one or the other beyond the presence of sugar. We know that sugar may be in the urine as a merely temporary ingredient without damage, but the question which I am not able to solve, is How far the presence of sugar in the urine should act as a bar to life insurance, nothing else being in evidence against the person? If others have had similar experience, I should like to hear their judgments in the matter. It is certainly a serious thing for one to be "turned down" in this regard, both as regards future insurance, as well as in reference to the significance of the thing itself. W.

[All the text-books and other literature upon the subject agree that sugar may appear in the urine temporarily under various conditions. It is well to bear in mind, however, that by temporarily may be meant a period of several weeks, and that a re-examination with the same result—that is, the presence of sugar—does not disprove the temporariness of the phenomenon. If the second examination is made two months later, for instance, and sugar is again found, there is a possibility of a coincident second temporary condition of this kind. If glycosuria is unaccompanied by any other symptom indicating diabetes mellitus, the true character of the condition can only be positively determined by repeated examinations at stated intervals, say every two or three days, until a sufficient period has elapsed to justify the conclusion that it is not a temporary condition. Glycosuria may be present in cholera, intermittent fever, scarlatina, gout, cerebro-spinal meningitis, diseases of the lungs, liver and brain, particularly if in the neighborhood of the fourth ventricle. The condition is also caused by such drugs as curare, carbonic oxide, amyl nitrite, hydrocyanic acid, sulphuric acid, mercury, alcohol, strychnine, salicylic acid, turpentine, benzol, acetone, and other less common remedies not necessary to mention. It is also produceable in a number of different ways. Also by marked increase of the hepatic circulation. It is also caused by the excessive ingestion of starches and sugars. Thus, the first case may have been a man addicted to the use of alcohol in sufficient quantity to cause hepatic coingestion. The second may have been an habitual candy-eater, thus producing a like result. We think it proper, in cases of this kind, to repeatedly examine the urine until a positive diagnosis can be made.—Ed.]

To The Medical Council:

In looking over the January (1899) Council, I notice an editorial on permanganate of potassium in opium-poisoning. Is this remedy as popular now in the treatment of opium narcosis as it was

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several years? I have seen no reports of its use for several years.

Several years ago, I was called in haste to a year-old child whose mother had given it a teaspoonful of laudanum by mistake. I hurriedly made up a solution of potassium permanganate—I did not measure it—I judge about 10 grs. to the ounce, and gave a teaspoonful every ten minutes, at the same time giving cold sponging to the face and hands. Kept child in constant motion for an hour or two, and closely watched it for several hours, and had the pleasure of seeing it come around all right.

I neglected to say that I saw the child within twenty or thirty minutes of its getting the laudanum. The mother and friends had tried to produce emesis. I gave something to produce emesis; but, not getting the desired effect, I at once gave the permanganate.

The child showed some symptoms of opium-narcosis, contracted pupils and stupor. These passed off in a short time, and the opposite condition of excitement prevailed for several hours.

I would like to know what the profession thinks of this remedy at present.

W. W. SHAFER, M. D.

Ferguson, Mo.

[Permanganate of potassium as an antidote to opium-poisoning is unquestionably better than all the others combined, if used in time. It acts with greatest efficacy when given shortly after the taking of opium. The doctor's case is one of the many that prove its usefulness. —ED.]

Criminal Abortion.

TO THE MEDICAL COUNCIL:

The demand for criminal abortion is unquestionably on the increase. The birth-rate of England relative to death-rate is on the decline, and there are ominous whisperings that this tendency to lowered birth-rate may extend to all Anglo-Saxon peoples. The status of France in this matter is well known. In 1900 her deaths exceeded births by 25,998 in the year. An English surgeon of late delivered a paper exploiting some interesting theories as how to encourage desirable race propagation. He suggests granting dowries to ideal or perfect brides. Evidently something should be done to assist and encourage the propagation of children among people who feel that they are not able to meet the financial requirements of larger families, and are yet possessed of the qualities desirable to transmit in posterity. One abortion having been committed, others follow easier. Every doctor is urged, every few days, to prescribe some contacept.

The daily papers teem with advertised drugs for this purpose, and if in fifty years the art of preventing large families advances, as it has in the last fifty, the increase of the human race will have to be stimulated with some kind of a bounty.

DR. C. E. BOYNTON.

Los Banos, Cal.

[This idea of a bounty for the production of children is one that was suggested by us in a preceding number of THE MEDICAL COUNCIL in an editorial advising France how to increase her birth-rate, indicating that the state may obtain children to an unlimited extent by adopting the same methods pursued in securing battleships and other necessities of the state, by paying for them. The only proper method should include the sustenance, clothing, shelter, and education of the child until it is self-sustaining.—ED.]

Gonorrhea.

TO THE MEDICAL COUNCIL:

This is is the way to treat an ordinary case of gonorrhea:

(1) Prototargol, 1-100 solution; syringe of ℥ij-capacity. Four injections per day. Sometimes a double injection.

(2) Calcium sulphide, gr. ½ every hour; 10 to 15 doses per day.

(3) Potassium acetate, ℥ij to ℥viij of water; ℥j–℥ij three times per day diluted.

(4) Sodium phosphate ℥ij before breakfast, to keep the bowels active and counteract possible biliousness.

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(5) It is always advisable to impress every patient with gonorrhea to eat little, drink much water, and avoid stimulants and activity.

Uusually by the above plan of treatment a cure is effected in from 10 to 25 days, unless it be a case where the prepuce is very long, when circumcision is, of course, required. I usually put up a pint bottle of prototargol solution, which, as a rule, I have to renew but once, although sometimes the pint proves to be enough. Dr. C. E. Boynton.

Los Banos, Cal.

Gelatin as a Hemostatic to the Stomach.

Dr. H. C. Wood, Jr., in *American Medicine*, concludes an article as follows:

"1. Pepsin digestion of gelatin does not destroy its coagulating effect on the blood. 2. The resulting product is dialyzable, and therefore capable of absorption. 3. The administration of gelatin by the mouth in the treatment of hemorrhage is, therefore, a rational procedure. 4. Gelatose seems to antagonize, if given in sufficient quantity, the anticoagulating action of peptone."

We have repeatedly called attention to the hemostatic quality of gelatin if brought directly in contact with bleeding surfaces. Given by the stomach or injected *per rectum* it ought to answer this purpose for the control of hemorrhage along the gastro-intestinal tract, being given preferably by the rectum in hemorrhage from the colon, and both ways when in doubt as to its exact site.

Sleepy Grass.

Sleepy grass is found in New Mexico, Texas, and Siberia. It is said to have strong narcotic properties, and with horses and sheep to cause sleep lasting for a considerable time.—*Med. Rec.*

The Business Side

OF MEDICAL PRACTICE.

While we as physicians desire to be scientific students and practitioners of medicine, yet we desire also, for the welfare of our dependent ones and for the sake of our standing in the community, to secure a fair compensation for the services we render to our fellow-men and to society. To this purpose The Council will occasionally conduct a brief department in which may be discussed those subjects that pertain to the financial welfare of the practitioner and the profession. Ideas are solicited for this column.

"The Doctor's Fee."

A Business Dissertation.

To The Medical Council:

The "doctor's fee" is very largely a question of environment. In the city of New York or Chicago five dollars would not be deemed an extravagant fee for a visit or office consultation, provided the doctor is a "fashionable" one, while in Podunk Valley an office-charge of fifty cents, or a visit two or three miles from home at one dollar, is considered pretty stiff. The man who supports a family on one dollar per day envies the doctor who can earn one dollar in an hour; and he can ill afford many professional visits, even at that price.

I know of but one proper criterion. Every doctor should keep his fees as high as conditions permit, having due regard for professional honor; for his own ability; for his family; and his own comfort and longevity.

If his patrons are laboringmen in a small town, the fees must be small, and yet as large as other physicians charge under like circumstances. Patrons who are well-to-do should be charged more for extra services, fractures, dislocations, accouchement, etc. In *no* case should a doctor make night-calls for the same fee charged for day-visits.

I succeeded a physician who did night-work as cheaply as day, and I made more night-visits the first year than I do now

in five. Farmers and mechanics would work all day, and go for the doctor in the night to save time. When their bills came in, and they discovered an extra dollar charged for each night-visit, they readily saw that it would be economy to send for the doctor in the daytime.

My bottle-labels are printed thus :

If possible, leave your messages in the morning.

EXTRA FEES FOR NIGHT SERVICE.

For.....

Directions.....

.....

.....

E. J. MARSH, M. D.,
S. W. Oswego, N. Y.
Office Hours: 12 to 1 and 6 to 7 P. M.
"Office Prescriptions Cash."

My prescription blanks also contain the same information, and it does not take many years to educate the people of any community sufficiently so that many calls will come in the morning, thus saving many long drives ; very few unnecessary night-calls ; much-needed cash for office-work ; and a full waiting-room during the office-hour, which should be as rigidly observed in the country as in the city.

My bill-heads contain the additional information that all accounts will be rendered semi-annually, and that the items of the accouut may be seen at the office. I pay a man by the day to present my bills regularly, which is done the first week in March and September each year. After years of this practice, the people expect (and sometimes anticipate) the delicate dun.

It does not profit a doctor if he treats the whole town and does not collect his fees. So, in the country, it is essential that he should possess a few acres of land that the unfortunates who are out of work may be accommodated to the extent of their indebtedness at least, and if a crop be not especially profitable, it will, at least, furnish needed diversion from professional cares, and will also put several small and doubtful bills into a lump-sum in cash when the crop is sold. This I deem so important that I would as soon attempt a country practice without a horse as without a small farm.

Some of the above ideas I have expressed to COUNCIL readers before; but doctors are such indifferent business men, such poor collectors, so impecunious as a class, that it seems at most impossible to impress upon them the exigencies of the business side of medical practice. I am sure there is no country community where a physician could not collect nine-tenths of his earnings if he gave the matter his prayerful attention. Yet we hear of those who collect but one-half their fees.

Wake up, doctors ! "The laborer is worthy of his hire."

E. J. MARSH, M. D.
S. W. Oswego, N. Y.

Economy of Time in the Practice of Medicine.

Dr. Wm. E. Quine presented this phase of the subject. He said that one of the best ways to economize time is to do the work in hand, instantly. For him the term procrastination has a real and vital meaning. It is not only the thief of time, it is the thief of achievement, of practical success, of reputation. The importance of doing the work in hand, and of economizing minutes and hours, is not appreciated by ordinary mortals. It requires a person of rare and superior intellectual endowment to be able to utilize to the full the time that is entrusted to him. Economy of time may be exercised in the judicious selection of means of transportation from house to house. Physicians should study the quickest way of getting from one patient to another; the quickest way of getting into a house after the bell has been rung and the door opened ; the quickest way of getting upstairs, attending to business, and dismissing irrelevant conversation ; the quickest way of getting out of a house after he has transacted his business and done it with credit. He fully believes that if the medical practitioner would give attention to these apparently trifling details, it would bear a valuable fruitage.

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He knows of no better incentive to economy of time than that which is furnished by having fixed obligations, such as college or hospital engagements, etc., making it necessary for the physician to be at a particular place at a particular time. Punctuality is one of the very best guides to economy of time. Ability to economize it is largely innate. He knows of practitioners who will fuss and stew around, and be as busy apparently in making six or ten visits a day as others would be in making twenty-five or thirty. He considers the physician who, in making a visit, will spend half an hour or an hour hobnobbing and trying to make himself agreeable, and as the expression goes, "solid with the family," incompetent. Dr. Quine referred to various unprofitable modes of investing time.—*Jour. A. M. A.*

Chlorate of Potash for Paris-Green Poisoning.

Dr. W. C. Whiting, of Cochesett, Masss., writes as follows to the *Medical World:*

"Allow me to call attention to the efficacy of chlorate of potash in cases of poisoning by Paris green. In nine recorded cases I have not had one which proved fatal, though the quantity of poison ingested varied from one teaspoonful to half-teacupful, the latter quantity producing inflammation of stomach and bowels (acting as a cathartic) and, of course, requiring subsequent treatment suitable to those conditions. I have not seen any account of the use of chlorate of potash in Paris-green poisoning in the text-books or medical journals, so I have taken the liberty to mention it, as it is nearly always at hand, whereas it is not always an easy matter to obtain hydrated sesquioxide of iron freshly prepared. I used a 4-to-6-ounce saturated solution of the potash at frequent intervals as long the matter returned from the stomach showed any signs of the poison. The color of the poison will be changed to a very dark-brown or black by the potash. I am not sure of the chemical changes which take place, and would like to be informed. I am sure of the effect."

BEST IDEAS FROM RECENT LITERATURE.

Treatment of Muscle and Joint Sprains.

In a paper on the treatment of muscle and joint sprains in railway employes, Dr. Haldor Grieve, of St. Paul, Minn, in the *Journal of the American Medical Association*, concludes as follows :

"1. Ligaments are rarely, if ever, torn in so-called sprains, and are never stretched. 2. The pathology in the majority of sprains is a rupture of the areolar and connective tissue around the joint, and a contusion of the lining of the joints. 3. Immobilization of muscles is not rest. On the contrary, in all sprains the muscles should have passive exercise the first few hours, and days, and active exercise after that. In the majority of cases active exercise should be instituted from the beginning. 4. The plaster casts should not be used at all, even in cases where we have a fracture, unless it be impossible to maintain a proper position of the joint. 5. Hydrotherapy in the shape of ice applied over a wet cloth the first few hours; water in the shape of hot fomentations, or in the shape of the Scottish douche, where we wish a stimulation, is of very great value. 6. The counter-irritation of static electricity in conjunction with massage is the best treatment for a strain. 7. The ambulatory treatment of sprains in conjunction with massage is to-day the best treatment."

[These points are all well taken, but we must take exception to the first proposition by adding the following modification. There are instances in which ligaments held joint surfaces firmly in position before accident, but failed to do so afterwards. We recollect a very clear case, involving the lateral ligaments of the knee. A gentleman was thrown out of his carriage over the dashboard, by a sudden fall of his horse. He landed upon his tibial tuberosities on

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cobblestones, thus driving both femora forward beyond the capacity of the ligaments, after which his hands struck the ground, and he rolled over. One knee bore the brunt of the fall, and this one presented very free lateral motion in extension, the heel readily describing an arc of one and three-quarter inches, while the other did not perceptibly move, nor did the injured one do so previous to the accident. This man was obliged to use crutches for months. He seemed to be beyond all surgical aid, and was only cured by electric kataphoresis, tincture of iodine being the substance used. This set up a more or less active congestion of the ligamentous structures, causing thickening and shortening, with eventual re-establishment of the functions of the joint unimpaired.—ED.]

Prognosis in Heart Disease.

This was formerly based on cardiac murmurs as indicating valvular disease; it is not easy to ascertain the condition of the muscle. Resistance above normal may come from chronic contraction of arterioles or arteriosclerosis. Ready adjustment to varying demands without distress shows a healthy heart, but the line between it and an inefficient heart is not sharp. The width of the margin can be found by careful experiment. Overtonicity of arterioles is reached by cathartics, alkalies, diets or nitrites. The most important results are from increase in muscular power of the heart by nutrition, rest and exercise, and cardiac regulators. Observation of pulse, venous circulation, congestion and edema is the guide to heart-efficiency. The sphygmograph is worthy of attention but is inferior in some respects to the trained finger. Degeneration is indicated if the weakness is not accounted for by dilation, if it fails to improve under treatment, if the sounds are sharp and snappy as if dependent on valve closure, if the impulse is a tremor. Unusual slight or extreme exertion may cause overstrain resulting in dyspnea or death. There is no better word for this than "heart failure" as we cannot yet put our finger on the lesion. Irregularities of rhythm have been attributed to disease of the vagus and accelerator nerves. The vagus is also called the trophic nerve, but no connection has been traced between its affections and the muscle degenerations.—DR. ROBERT T. EDES, in *Boston Med. and Surg. Jour.—Am. Med.*

[These are very sensible generalisms that are not early enough appreciated. The medical profession is still in line with the general public in believing that a "heart disease" is an incurable malady, bound to become gradually worse until it suddenly removes the patient. It is too little understood that may diseases of the heart are absolutely curable, while most others can be made stationary if the patient holds himself within safe bounds, but no man can hope to successfully treat heart disease unless he has mastered the mechanics of the circulation and the action of those drugs upon it which powerfully influence its action. The reflexes likely to affect the heart's action should also always be taken into consideration, which no man is likely to be able to do unless he is master of the distribution of the pneumogastric nerve, and of its anastomotic connection with other nerves. He will then know that irritations in the ear, the nose, the throat, the lungs, the stomach, or the liver may cause perturbations of the heart's action. The more progressive life insurance companies now recognize, officially, that certain forms of heart disease are not necessarily a bar to insurance, particularly term insurance, by which is meant insurance for a specified number of years. Finally, we want to add that unless a physician knows exactly the cause of abnormal heart-action, it is his place to submit his patient to some more competent man for examination or diagnosis, and a plan of treatment.—ED.]

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Heart Disease in Children.

Marfan, in *Revue Mensuelle des Maladies l'Enfance* (Paris), August, 1901, says that mitral insufficiency from endocarditis, without other lesions, in children is sometimes curable. When it persists, it causes little, if any, functional disturbance while childhood lasts. If asystolia, that is, symptoms of insufficient contraction of the left ventricle occur, some other lesion must be present, probably congenital. An idiopathic endocarditis sometimes develops in children. It is more severe before four or five than after this age, and most frequently affects children with some congenital lesion. Acquired lesions of the aorta are very rare in children. Marfan has observed 3 cases and been able to find only 24 in the literature. They are of a rheumatismal or atheromatous type. The former includes pure aortic insufficiency, with the same manifestations as in the adult, although the functional disorders are less pronounced. This tolerance diminishes with age. Aortic insufficiency associated with aortitis, is a second variety. True stenosis of the orifice of the aorta is exceptional in children unless congenital. This variety, with its double souffle at the base, is more serious than the first. The lesions are diffuse instead of circumscribed. There may not be angina pectoris, but pain occurs frequently in the sternum, without distress or irradiation. The attacks of suffocation sometimes suggest asthma, sometimes dyspnea with pallor and vomiting, but they last only a few seconds. In the third variety, the lesions are associated with some alteration of the mitral orifice, and in the fourth and last, with pericardial adhesion. The latter causes, in children, recurring asystolia with brief intermissions. Only a few instances of atheromatous lesions in children are on record. They usually appear under the form of a chronic aortitis with a systolic souffle at the base, usually erroneously attributed to stenosis. If isolated, it causes little trouble. In one case, neuralgia of the phrenic nerve was the only symptom, but it may lead to an actual aneurism or induce fatal asystolia. This insufficient contraction of the left ventricle, in children, is usually due to pericardial adhesion, but occasionally to an acquired endocarditis complicating a congenital cardiac lesion. After 6 years of age it is almost invariably due to pericardial adhesion. In children, the heart rhythm is usually preserved. Tricuspid insufficiency is very rare, as is also apoplexy of the lungs, while the hepatic phenomena predominate. The liver remains comparatively enlarged, even during the intermissions. In rheumatismal pericardial adhesion the heart is hypertrophied, while in the tubercular variety it is of normal size or even smaller than normal. Edema, cyanosis and the cardiac liver are common to both. The cardiac liver in these cases tends to cirrhosis, and the exaggeration of the symptoms may simulate a tubercular peritonitis or alcoholic cirrhosis, and perihepatitis may obscure the picture still more. Digitalis must be given at the slightest suspicion of insufficient contraction of the left ventricle. Marfan prefers a maceration of 20 to 40 cg. of the pulverized leaves in 60 to 100 gm. of cold water, strained after twenty-four hours and administered at one dose in the morning before breakfast, for five or six days to a child of 5 or 6. He then substitutes .75 gm. of theobromin for a child under 6, and 1 gm. after this age. This stimulates the renal function. Digitalis again after ten days, if necessary. Caffein may advantageously supplement these measures, one subcutaneous injection of 10 to 20 cg. of caffein for two or three days. A purgative should not be given before the digitalis, as it may start a diarrhea hard to control. Sometimes the diuresis is not established until ascites has been relieved by puncture. Absolute rest in bed is essential, and a milk diet, with possibly revulsion over the heart with methyl chlorid, etc. By these measures an impending attack of asystolia may sometimes be averted. To forestall the tendency of the cardiac liver to cirrhosis, Marfan gives calomel every fifteen to twenty days, 5 cg. in five doses at half-hour intervals in the morning.—*Jour. Amer. Med. Assoc.*

[This abstract of a study of heart dis-

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ease in children should be carefully digested, and its essential points memorized, particularly such as are new. The diagnosis and treatment of heart disease is, essentially, a question of hydrostatics, that of a pump within a circulation that is complex, intricate, and beset with varying factors, all of which must be understood and taken into consideration to obtain the best results. To the man to whom this abstract is not clear we would suggest that he first look up the anatomy and physiology of the circulation, and then re-read the conclusions of Marfan. This abstract contains much meat, and can only be properly appreciated, thoroughly digested, and made fully profitable, by careful and painstaking re-reading.—ED.]

Picric Acid in the Treatment of Gonorrhea.

H. de Brun (*Rev. Gen. de Clinique et de Therapeutique*, June 15, 1901; *Ann. de Dermatologie et de Syphilographie*, September, 1901) says that injections of a 1 in 200 solution of picric acid are often painless, while those of 1 in 100 may cause considerable pain, but are never intolerable. Given with a compressed meatus and so retained for three minutes, and repeated from two to three times daily if they cause little pain, or once daily if they are borne with difficulty, they are said to produce a radical cure of acute gonorrhea in from four to five days; from the first injection the discharge becomes clearer and loses its purulence; it sometimes becomes more abundant, but diminishes and disappears when the injections have been suspended. In chronic gonorrheas that resisted all previous treatment, rapid and final cures have been obtained.—*Med. Times.*

Doctor, if you have used the Physician's Pocket Account Book and like it, please tell your medical friends about it. We receive letters in its praise every day.

New Treatment of Leucorrhea and of Gonorrheal Vaginitis.

By Dr. PH. CHAPELLE, Paris.

Yeast, in the treatment of chronic leucorrhea and vaginitis due to gonorrheal infection, has recently been tried with considerable success. Dr. Landau, of Berlin, was the first to apply it locally by injection for troublesome vaginal secretions, and found small quantities produced a rapid and complete arrest of the discharge, after a few weeks.

Murer, in France, has used it in the same manner in gonorrheal discharges from the vagina, and found yeast most effective in suppressing inflammation of the mucous membranes, which regained their normal color rapidly. In the gonorrhea of men, however, it was not uniformly successful. In leucorrhea and gonorrheal vaginitis there occurs a substitution of a morbid fermentation for a non-dangerous yeast fermentation, for the yeast-cells (saccharomyces cerevisæ) appear to devour the morbid germs, which set up inflammatory conditions.

Backer who has made a study of the various ferments, is of the opinion that the natural toxines, however altered, may in the treatment of disease be replaced with advantage by ferments in the living state. He considers good health to be one of normal fermentation, and bad health one of morbid fermentation.

Hence, pure ferments like yeast attract pathogenic germs, allow themselves to be penetrated by them and once enveloped, destroy them by a true phagocystosis. D'Arsonval and Charrin have also made a series of investigations on the reciprocal action of microbes on vegetable cellular tissues, and it would appear that in the case of yeast, in its struggle with pathogenic germs, it expends its energy as a ferment, acting consequently by reason of its phagocytic properties.

We see, therefore, why the treatment of leucorrhea and other vaginal discharges with yeast is based on reasonable grounds and it should, therefore, be tried in obstinate cases which do not yield to tonics and the usual local treatment.

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Yeast in the Treatment of Leucorrhea.

W. Albert (*Cent. f. Gynecologie*, Leipsic): "The disadvantages of the yeast treatment advocated recently by Landau are all obviated by using killed cultures of yeast cells." The substance thus formed is called sterile "Dauerhefe" by the writer, which might be translated "everlasting yeast." Vaginal secretions rapidly diminish and dry up, even large erosions heal fast, and when it is injected the night before an operation, the vagina is disinfected and sterilized better than with any other preparation known to date. The yeast displays its strongest fermenting power at 35° to 40° C.—the temperature it finds in the vagina. Kossmann, in a later number, quotes Hippocrates to the effect that yeast was recommended in his day in gynecology. He used it cooked, but Dioscorides later preferred it uncooked. He adds: "There is little new to be discovered in medicine, but as a knowledge of Greek is no longer necessary for the medical course in Germany, many wonderful discoveries may be anticipated in the future."—*Homeopathic Jour. of Obstet., Gynecol., and Pediatrics.*

The Gynecologist of the Future.

The gynecologist of the future will be found doing all he can to eliminate the surgical element of his specialty, and not wasting his time devising new methods of unnecessary mutilation. When he does operate, it will be because he must in his ignorance do so, and not because of preference. He will do so merely as an expedient to which lack of knowledge has driven him, and the necessity for which he constantly hopes in time to eliminate with the aid of physiological chemistry and its adjunct sciences.—*Peoria Medical Journal.*

Dr. Leuf's book, "Practical Obstetrics, Gynecology and the Menopause," is meeting with sincere approval from the rank and file of the profession. Price, $2.50.

To Remove Rust From Surgical Instruments.

If the instruments are badly rusted, your best plan will be to send them to a cutler or instrument maker and let him regrind and polish. If only superficially attacked, the following will answer admirably:

Potassium cyanide	16 parts.
Chalk, levigated	30 parts
Soap, shaved	15 parts.
Water, sufficient.	

Dissolve the soap in sufficient water to make, with the chalk, a thick paste, in which incorporate the cyanide. With this paste rub the blades well until the rust disappears and a polished surface is attained. The operation is rendered more rapid if the blades or other objects be soaked in kerosene over night and the surface rust scraped off with anything that will not scratch the blades. Do not forget the deadly nature of the scouring paste, and take proper precaution to protect the hands. Use an old stiff tooth brush in applying the paste.—THOMAS WILLETTS.

A New Method of Making Milk Digestible.

Dr. Robert T. Edes gives a valuable method of preparing milk where other methods have not proved useful.

A pint of milk is gently warmed. Into it is dropped, very slowly and with constant stirring, about 20 minims of dilute hydrochloric acid. The milk should be stirred until it cools. In this way a very fine flocculent coagulum is produced, floating in the whey, which is easily accessible to the digestive secretions, while the whole fluid has lost somewhat of the fat and cloying taste which makes it unacceptable to so many. It will be noticed that milk prepared in this way differs from the various wheys in the highly important particular that the casein is retained and used, instead of being separated out as a distinct product, while it avoids the bitterness of pancreatinized milk.—*Dietetic and Hyg. Gazette.*

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Treatment of Acute Dysentery.

The best treatment, according to the experience in the Philippines, seems, in acute cases (*Med. News*), to be the limitation of diet and the thorough cleansing of the bowel by large saline enemas. At the beginning of dysentery, in sthenic cases, starvation for several days, with a liberal allowance of water to replace that lost by the diarrhea, seems to be indicated. The experience in children's diarrheas in recent years adds weight to these procedures as the most important therapeutic measures. Stimulants should be used, but only for absolute indications. Contrary to the usual practice, the diet, when food is allowed in small quantities, should not consist of concentrated nitrogenous material, meat-juice, and the like, but rather of diluted carbohydrates. The various cereal foods in thin broths are best. Somehow these do not seem to furnish the material for microbic growth that nitrogenous food does, and moreover the acid fermentation to which these substances are especially liable makes the material present in the intestines an eminently unsuitable medium for the growth of bacterial parasites. With reference to amebic dysentery less is known, although here, too, limitation of the diet to the absolute needs of the individual and thorough cleansing of the bowels seem the most successful remedial measures.

Condition of Stools in Infants.

Much may be learned by a careful inspection of the stools of infants with reference to increasing or diminishing the various kinds of food. The normal infant stool is smooth, yellow, homogeneous, and about the consistence of thin mush. The following may be considered abnormal types:

1. *Green Stools.*—Stools can only be considered green when that condition is evident immediately upon their passage. They are due to a fermentation, which is doubtless the result of bacterial action. All stools become green a certain time after passage, caused by oxidation of the air.

2. *Curdy Stools.*—Curdy lumps may be produced by undigested casein or fat. The former are hard and yellowish, while the latter are soft and smooth, like butter.

3. *Slimy Stools.*—These are the result of catarrhal inflammation. When the mucus is mixed with fecal matter, the irritation is high up in the bowel, but when flakes or masses of mucus are passed, the trouble is near the outlet.

4. *Yellow Stools.*—These are seen in depressed nervous conditions, especially in the hot days of summer, when the bowel is relaxed, and the inhibitory fibers of the splanchnic nerve do not act to advantage.

5. *Very Foul Stools.*—These are caused by decomposition of the albuminoid principles of the food.

6. *Profuse, Colorless, Watery Stools.*—Profuse, colorless, watery stools, with little fecal matter, are doubtless caused by an infective germ, akin to that of Asiatic cholera. This is known as cholera infantum.

It is rare to see one of these types by itself. With the exception of the last, they may be seen in all combinations.—CHAPIN, *Jour. A. M. A.*

Simple Method of Forcible Feeding.

Dr. I. S. Ivanoff, of Kostroma, recommends the following method for forcible feeding, which he has successfully employed in the case of an insane lady who absolutely refused to take food, in consequence of having some fixed idea on that point. Having seated and steadied the patient, he firmly closes her nostrils by pressure, which causes her to open the mouth for breathing; then he slightly bends the lady's head backward and pours some liquid food into her mouth by means of an ordinary spoon; she appears to swallow without much struggle. The method is said to be very simple, and by far less troublesome and more convenient than the ordinary introduction of a gastric sound through the nose.—*Med. Times.*

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Book Reviews.

A SYSTEM OF PHYSIOLOGIC THERAPEUTICS. 11 octavo volumes. Edited by Solomon Solis Cohen, A. M., M. D., Professor of Medicine and Therapeutics in the Philadelphia Polyclinic, etc. Volume I. ELECTROTHERAPY, by Geo. W. Jacoby, M. D., Consulting Neurologist to the German Hospital, New York City, etc. Published by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia. The set, $22.00 net.

Volume I consists of 242 pages, with 163 illustrations. This book is divided into Part I, Electrophysics, composed of six chapters on: I, Fundamental Conceptions; II, Frictional (static) Electricity; III, Dynamic Electricity; IV, Effects of the Electric Current; V, Other Methods of Obtaining and Altering Electromotive Force; VI, Varieties of Electromotive Force, and Part II, relating to Apparatus Required for the Therapeutic and Diagnostic Use of Electricity, consisting of five chapters on: I, Frictional Electric Apparatus and Its Use; II, Galvanic Apparatus and Its Use; III, Sources of Current Supply for Diagnostic and Therapeutic Purposes and the Apparatus Necessary for Its Use; IV, Apparatus for Altering Electromotive Force; V, Röntgen Rays, or X-Rays. This volume contains a seven-page Foreword to the series, by Dr. Cohen, relative to the work that follows, consisting of 11 volumes, in which are shown the various ways to treat diseases without the use of drugs. There is also an appropriate preface by Dr. Jacoby.

We have no hesitancy in pronouncing the work the best of its kind in the market. We know of nothing as good in so compact a space, that so clearly gives the information necessary to the novice in electrotherapeutics.

A SYSTEM OF PHYSIOLOGIC THERAPEUTICS. A Practical Exposition of the Methods, Other than Drug-Giving, Useful in the Treatment of the Sick Edited by Solomon Solis Cohen, A. M., M. D., Professor of Medicine and Therapeutics in the Philadelphia Polyclinic, etc. Volume II, ELECTROTHERAPY, by George W. Jacoby, M.D., Consulting Neurologist to the German Hospital, New York City, etc. Vol. II: Diagnosis, Therapeutics. 55 Illustrations, 323 pages. Published by P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, Pa. Price, 11 volumes, $22.00 net.

Volume II. This is a continuation of Volume I, and is composed of Parts III, IV and V, together with some Addenda. Part III relates to Electrophysiology and Electropathology, composed of five chapters on: I, Physical Comportment of the Electric Current in the Human Body; II, Electrophysiology of Motor Nerves and Muscles; III, Electropathology of Motor Nerves and Muscles; IV, Electrophysiology and Electropathology of Sensory Nerves and Reflex Contractions; V, Electrophysiology and Electropathology of Nerves of Special Sense and Vasomotor and Secretory Nerves; VI, Electrophysiology of the Central Nervous System; VII, Physiologic Action of Sinusoidal and High Frequency Currents; VIII, Injuries Due to the Electric Current. Part IV, on Electrodiagnosis and Electroprognosis, composed of three chapters relating to: I, Muscles and Motor Nerves; II, Principles of Electrodiagnosis and Electroprognosis of Disease of the Motor Apparatus; III, Diagnostic and Prognostic Implications of Alterations of Resistance, Disorders of Cutaneous and Muscular Sensibility, and of Anomalous Reactions of Nerves of Special Sense; and Part V, on Electrotherapeutics, consisting of Section I, General Electrotherapeutics on: I, Theoretic Basis of Electherapy; II, General Methods; III, Effects and Methods of Application of the Various Forms of Current; and Section II, Special Electrotherapeutics relating to: I, Electric Treatment in Diseases of the Motor Nerves and Muscles; II, The Electric Treatment of Diseases of Muscles and Joints; III, Electric Treatment in Diseases of Sensory Nerves; IV, Electric Treatment in Diseases of the Central Nervous System; V, Diseases of the General Nervous System Without Known Anatomic Basis; VI, Electric Treatment in Diseases of the Thoracic and Abdominal Organs. The Addenda relate to the uses of electricity in some of the specialties, which it is not necessary here to enumerate.

This volume has the same general excellence of the first, and will not be as useful to the beginner in electrotherapeutics by itself as it can be if the first volume is thoroughly mastered. Familiarity with these two books will make a physician, in theory at least, a master of the subject, experience only being necessary then to develop the requisite practical judgment. These two volumes, sold separate from the rest of the set, would form a most excellent text-book upon the subject.

We cannot forbear noting that the author, despite the attempt to get away from the medicinal treatment of disease, is constrained in places, nevertheless, to make use of drugs by kataphoresis.

A SYSTEM OF PHYSIOLOGIC THERAPEUTICS. A Practical Exposition of the Methods Other than Drug-Giving, Useful in the Treatment of the Sick. Edited by Solomon Solis Cohen, A. M., M. D., Professor of Medicine and Therapeutics in the Philadelphia Polyclinic, etc. Volume III, CLIMATOLOGY, HEALTH RESORTS, MINERAL SPRINGS. By F. Parkes Weber, M.A., M.D., F. R. C. P. (Lond.), Physician to the German Hospital (Dalston), etc., with Guy Hinsdale, A. M., M. D., formerly Lecturer on Medical Climatology in the University of Pennsylvania, etc. In two books, of which this is the first, consisting of 336 pages and 15 illustrations, being mostly colored maps.

The book consists of two parts, of which Part I treats of Physics, Physiology, and General Thera-

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peutics of Climate, taking up: I, The Elements of Climate; II, Elements of Climate Relating to the Atmosphere; III, Altitude and Aerial Currents; IV, Soil and General Topography; V, Classification of Climates and the Characteristics and General Effects of the Different Classes of Climate, and Part II, being a description of health resorts, treating of: I, Ocean Climates and Sea Voyages; II, Mediterranean Climates; III, Island Resorts in the Atlantic Ocean; IV, European Coast Resorts; V, VI and VII, Resorts of Inland Europe; VIII and IX, The British Islands; X, Towns of Europe.

The book is well devised, and gives thoroughly systematized information readily accessible that makes it of superior value for reference; besides which it opens with a description of the philosophy of the subject that is convincing of the efficacy of the climatic treatment of many affections. It is a timely and most necessary work, all the more valuable because of its exclusive devotion to this one subject. It is a mine of information. We regret that the information in this book should have the meagre limitations to which it is doomed because of the inability of the masses to avail themselves of the benefit of the information it contains, as it is beyond their financial means to do so. A careful study of the book, however, will enable the doctor to help his poorer patients in the selection of nearer and cheaper sites for the recuperation of their health. It will teach him to make a selection in accordance with established scientific principles, without which his advice is haphazard. This is all the more important when we consider that many of these excursions to another place are limited to the one or two weeks' vacation that so many employees now have once in every year. The conscientious physician must inform himself upon the subject of this and the succeeding volume to do his full duty by his patients.

A SYSTEM OF PHYSIOLOGIC THERAPEUTICS. A Practical Exposition of the Methods Other than Drug-Giving, Useful in the Treatment of the Sick. Edited by Solomon Solis Cohen, A. M., M. D., Professor of Medicine and Therapeutics in the Philadelphia Polyclinic, etc. Volume IV, consisting of two volumes, of which this is the second, consisting of 420 pages and 12 illustrations, most of them maps, with a special article on the Hawaiian Islands, by Dr. Titus Munson Coan, of New York, consisting of a continuation of Part II, descriptive of Health Resorts, and Part III, Climatotherapeutics.

Part II relates to: XI, The Health Resorts of Africa; XII, Asia; XIII, Island Resorts of the Pacific; XIV, Health Resorts of South America; XV, Central America, The West Indies and Bermuda; XVI, Classification of Climates of Canada, the United States, Mexico, and Neighboring Islands; XVII, Health Resorts in the Dominion of Canada; XVIII, The Resorts of the United States of America—The New England States; XVIII (continued), Certain Coast Resorts of the United States of America—The Middle Atlantic States; XIX, Certain Inland Resorts of the United States of America—The State of New York; XX, The Resorts of the United States of America—Inland Stations in the Middle States (continued); XXI, The Resorts of the United States of America—The Southern Atlantic States; XXII, Southern Coast Resorts of the United States of America; XXIII, The Resorts of the United States of America—Southwestern States; XXIV, The Resorts of the United States of America—The North Central States; XXV, The Resorts of the United States of America—The Rocky Mountain Region; XXVI, The Resorts of the United States of America—The Pacific Slope, California, Oregon and Washington; XXVII, Towns of the United States; XXVIII, The Republic of Mexico; XXIX, The Hawaiian Islands. Part III is composed of: Section I, General Management of Patients at Health Resorts, relating to The Therapeutic Employment of Climates, Health Resorts, and Sanatoriums; II, The Selection of Health Resorts; and Section II, Special Therapeutics, relating to: III, Convalescence, Debility, and Hemic Disorders; IV, The Use of Health Resorts in Certain Diatheses and Toxemias; V, The Use of Health Resorts in Rheumatism and Allied Affections; VI, Some Disorders of Metabolism; VII, Chronic Malarial Affections and Cachectic Conditions from Long Residence in Hot Climates; VIII, The Influence of Climate in the Various Periods of Life; IX, Tuberculosis and Tuberculous Affections; X, Diseases of the Respiratory Organs Other than Tuberculosis; XI, Diseases of the Circulatory System; XII, Diseases and Disorders of the Digestive Apparatus; XIII, Diseases of the Urinary Organs; XIV, Diseases of the Sexual System; XV, Diseases of the Nervous System; XVI, Affections of the Eyes, Ears and Skin.

This volume is merely a continuation of Volume III, and points out more clearly the special applications of the principles laid down therein. The two are really one book, and are divided mechanically to avoid cumbersomeness. The third part relating to therapeutics is, in short, a practical application of the knowledge gleaned from the foregoing part of the work.

A SYSTEM OF PHYSIOLOGIC THERAPEUTICS. A Practical Exposition of the Methods Other than Drug-Giving, Useful in the Treatment of the Sick. Edited by Solomon Solis Cohen, A. M., M. D., Professor of Medicine and Therapeutics in the Philadelphia Polyclinic, etc. Volume VI, DIETOTHERAPY AND FOOD IN HEALTH. By Nathan S. Davis, Jr., A. M., M. D., Professor of the Principles and Practice of Medicine in Northwestern University Medical School, etc. Published by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia, Pa. Price, eleven volumes, $22.00 net.

This is a book of 372 pages, and is divided into

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Part I, on General Principles of Diet, and Diet in Health, treating of: I, Food in Health; II, The Uses of Water in Dietetics; III and IV, The Elements of Food; V, Quantity and Kinds of Food Needed in Health; VI and VII, Animal Foods; VIII, Vegetable Foods; IX, Beverages; X, Diet in Health; XI and XII, Infant Feeding; XIII, Food as a Cause of Disease, and Part II, on Diet in Disease, treating of—I, Feeding the Sick; II and III, Diet in Infectious Diseases; IV, Diet in Diseases of the Stomach; V, Diet in Diseases of the Blood; VI, Diet in Diseases of the Intestines, Liver, and Peritoneum; VII, Diet in Diseases of the Respiratory Organs; VIII, Diet in Diseases of the Circulatory Organs; IX, Diet in Diseases of the Kidneys; X, Diet in Diseases of the Nervous System; XI, Diet in Diseases of the Skin; XII, Diet in Disorders of Nutrition.

There is a brief introductory preface by Dr. Davis, in which he states it to be his object to make the book as practical a one as is possible. In this he has succeeded as largely as was to be expected. Part I is interesting, instructive, and thought-engendering. Part II is of great value for general reference, and one that the busy practitioner can read with profit as occasion arises, gaining therefrom whatever information may be requisite while he leaves to a more opportune time the broader study of the underlying principles of the subject.

MANUAL OF PHYSICAL DIAGNOSIS. By James Tyson, M. D., Professor of Medicine in the University of Pennsylvania. A fourth edition, revised and enlarged; 12mo.; 298 pages and 55 illustrations, some of them colored. P. Blakiston's Son & Co., Publishers, 1012 Walnut St., Philadelphia.

The well-earned reputation of this book and its author make it unnecessary to say the many good things to which it is entitled. The fact of its having passed through three preceding editions is evidence of its popularity, which is merited. One of the beauties of this book is its convenient form, which permits it to be readily carried in a sack-coat pocket. It is thorough and up to date in every department of the subject, and very helpful to the busy practitioner.

THE PRACTICE OF OBSTETRICS. By American Authors. Edited by Chas. Jewett, M. D., Professor of Obstetrics and Gynecology in the Long Island College Hospital, New York. Second edition, revised and enlarged, 786 pages, 445 engravings, 48 of which are in colors, and 36 colored plates. Lea Bros. & Co., New York and Philadelphia. Cloth, $5.00 net.

This work is divided into eight parts, as follows: I. Anatomy, consisting of a single chapter. II. Physiology of Pregnancy, five chapters. III. Physiology of Labor, three chapters. IV. Physiology of the Puerperium, two chapters. V. Pathology of Pregnancy, seven chapters. VI. Pathology of Labor, six chapters. VII. Pathology of the Puerperium, four chapters. VIII. Obstetric Surgery, six chapters. The book is handsomely illustrated, well printed, and most excellent typographically in its entire make-up, with the single exception that it is printed solid instead of the more preferable way of having the lines some what separated by leads. Inasmuch, however, as this would increase the printed pages about 20%, it might have necessitated issuing the work in two volumes, and thereby have materially added to its cost. We are somewhat surprised that women would lend themselves to have their pictures published as appears on pages 64 and 66 in cuts from Dennis.

The work is most excellent in every part. The author proceeds in the order of a master in the development of his subject. It is one of the very best of all the so-called systems that we have seen. The eight divisions of the subject indicate the orderly sequence in which it is planned. The student is pleasantly carried through the intricacy of the normal structures and functions of the parts to fecundation and development of the ovum, the growth of the fetus, the evidences of this in the prospective mother, after which are considered the various factors of the mechanic problem of parturition, the formation and peculiarities of the child in its different positions, together with the construction and general characteristics of the parts through which it is obliged to pass. The mechanism of labor is taken up and dealt with in order, beginning with the normal and following with the various anomalous deviations from this process. The diseases of the fetus and of the mother before and after parturition are ably and clearly set forth, the work concluding with the various obstetric operations. There is a copious index of 20 pages.

We have no hesitancy in pronouncing this work in many respects a master-piece of its kind, though we would much prefer an entire treatise from the pen of its able and enterprising editor.

Uric-Acid Fallacies.

Dr. Frank Billings, in *Amer. Med.* of October 12, 1901, discusses uric-acid fallacies, in which many of the theories concerning uric acid are expounded. He states that some of the fallacies of uric acid are: 1. That uric acid is toxic 2 That it is a causative factor in any disease except gout. 3. That "uricacidemia," meaning uric-acid blood, exists. 4. That the chemic reaction of the blood may be altered by the use of medicinal quantities of the alkalies or by the diet. 5. That uratic deposits may be dissolved out by the administration of alkalies. 6. That lithia is a uric-acid solvent of unusual potency. 7. That uric acid is an abnormal constituent of the urine. 8. That an excess of uric acid in the urine at one time, or a deficiency at another time, indicates an abnormal condition in reference to uric acid. 9. That rheumatism is due to uric acid.—*Phila Med Jour.*

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THE

Medical Council

A MONTHLY JOURNAL FOR THE PHYSICIAN AND SURGEON.

"WE FIND WISDOM AND STRENGTH IN COUNCIL."

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Pelvic Symptoms.

Symptoms referable to the pelvis are much more common in women than in men, and more so in the married than the single, for reasons that are so evident that they require no elucidation. What we desire to call attention to at this time is, that the character and location of anomalous sensations within the pelvis are not a safe criterion as to the character and location of their causes. The abdominal surgeon knows very well that the seat of abdominal pain is not a safe guide as to the location of the patient's trouble. Abdominal sections have been made many times at the site of pain to no useful purpose, a second opening being requisite in the place most commonly selected for this purpose, to wit, the median line below the umbilicus. Irritation of the viscera anywhere in the pelvis may be interpreted by the patient as being connected with some other part of the local anatomy. On this account, it is most important for the physician to assure himself that the exact condition of the entire pelvic contents to insure arrival at a correct conclusion, for proper treatment is impossible without a correct diagnosis.

Hardened fecal matter in the rectum sometimes causes a suspicion, or even positive conviction, of serious pelvic disease. We have a patient now who every few days would be troubled with a lump, or tumor as she called it, low down in the rectum, causing pain in sitting down, and that was only relieved with a painful stool. We suspected a hard lump of fecal matter in each instance, and found this, upon careful investigation, to be true. Thus it is, without multiplying instances, that trouble in one portion of the pelvis is likely to be misinterpreted, if not felt in some other part, and while we may forgive the patient for overlooking these things or mistaking them, it is hardly excusable for the physician to do so.

Domestic Animals as Disease-Spreaders.

Domestic animals are useful and a pleasure, though they also have their dangerous side, and by dangerous we do not mean the readily-recognized phases of this subject, but the subtler kinds, to wit, the conveyance of infectious diseases directly from them to man, and indirectly as carriers from man to man. Thus, it human beings are quarantined in the event of infectious disease, so should domestic pets be included in this wise provision. Despite the general acceptance of the germ theory of disease, and the seemingly perfect precautions taken

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against its spread, infection is conveyed by channels that are not understood because overlooked. There are other things besides domestic pets capable of carrying infection, such as flies, mosquitos, bugs, mice, and rats. Living animal fur is as likely to carry the infection of scarlet fever, small-pox, or diphtheria, as is the dead fur or vegetable fiber made into clothing. Even the swill from an infected house in quarantine is often taken away without any precaution, such as its thorough disinfection. We only mention these things in passing, as it were, because it seems unnecessary to suggest proper measures for the insurance of more complete prevention of the spread of disease, as the means for doing this are fully understood and readily put into practice upon the lines suggested.

Acquired Immunity Against Ivy Poisoning.

Dr. T. W. Williams, of Milwaukee, in a recent number of the *Medical Age*, reports the case of a man of 20, badly poisoned with poison ivy, due to his having swallowed ten or twelve leaves of the poison ivy, at the suggestion of an old woman who told him that, after having a vesicular eruption upon the day following, and suffering inconvenience for probably twenty-four hours, he would rapidly get well and thereafter be immune against the poisonous effects of the plant. He took this when suffering with ivy poisoning, the entire surface of his body being covered with an eruption accompanied by irritation and itching that was fearful to endure. The vesicular eruption appeared upon the following day, and the itching and eruption left him. That was twenty-five years ago, since which time he has handled the plant with impunity upon every occasion that presented itself. He induced numbers of others to adopt the same course with equally good results, though some ate only three or four leaves and had but half a dozen blisters. We mention this for what it is worth, and assume no responsibility for effects resulting from its trial, leaving attempts at this to the judgment of our readers, and the results of which we would be pleased to publish, if given a trial.

Reform in Medical Education.

The reader is referred to a paper in another column upon this subject by Dr. J. W. Lockhart. The question of education is one of the most important of our times. Much more so than it has ever been before, and this for the reason that knowledge has become so diversified that no single mind can grasp all there is to be known. If we desire a continuation of the numerous advances made during the last century, it is absolutely essential that the positive knowledge already acquired be systematized, properly sub-divided, and future generations educated in such ways that this mass of accumulating information be properly distributed among the various individuals who are to imbibe, retain, and further develop it for the benefit of posterity. We are woefully deficient in these requirements in most of our present educational methods. The exigencies of our times require a special study of pedagogics as one of the prime essentials for the avoidance of confusion and the advancement of knowledge. What is true of education in general in this respect applies with particular force to the study of medicine. It is a sad fact that students in medical colleges are drilled day and night with the main object of passing final examinations instead of in the fundamentals of our science, and having their judgment,

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reasoning faculties, and powers of observation trained in their uses. The average medical graduate is merely an overgrown schoolboy. He approaches his professional work with the rawness of a novice, the timidity of the amateur. A four-years' practical course should instill a man with a more confident spirit, a better judgment, and more practical sense. These are general propositions which we feel sure cannot be successfully denied. Concerning the proper remedy, we may have more to say at another time, particularly if our readers manifest an interest in the subject, on which we should be glad to have suggestions from those who have any to offer.

Guesswork in Medicine.

Under this heading, in *Merck's Archives* of June, there is an editorial that points a lesson well worth remembering. It refers to the instance of a deluded individual who visited five physicians, and got as many different prescriptions for the alleviation of the same train of symptoms detailed to each one. This experience was used as evidence to prove that physicians prescribe by guesswork. But this contention was met in true Lincolnian style with a story, to wit: A hungry man went into six different restaurants and ordered something to eat, which might be anything that would satisfy his hunger. No two restaurants set before him the same food, yet would it not be very illogical to say that the waiters in these instances knew nothing of what constituted food for a hungry man because they did not set before him the same dish? All this goes to show that there are various ways of treating a like train of symptoms, as there are different foods with which to satisfactorily appease hunger.

Position of the Sick in Bed.

Dr. Jos. Byrne, of New York City, in *Merck's Archives* for March, 1902, calls attention to the importance of position in bed in very weak states of the patient. For instance, the muscular tone of a very debilitated patient may be so relaxed as to permit the tongue to fall back into the throat sufficient to impede respiration in some cases, thus leading to death, that might be obviated by laying the patient on the side with the face turned rather down toward the bed, thus permitting the tongue to rest upon the side of the mouth and fall forwards, and allowing a freer ingress of air to the lungs. In many diseases the *materies morbi* has spent itself after a certain time, the patient being weakest when this is nearly ended, and ready to succumb to the respiratory difficulty mentioned at such a time, though able to pass beyond this point, and thence to ultimate recovery, if safeguarded through the few hours or even days while the attacking force is spending itself. Dr. Byrne claims to be satisfied of having saved individuals in this way, and we do not doubt but that he is right.

Prolonged Use of Digitalis Harmless.

According to Dr. A. Jacoby, in the *Medical News*, the prolonged use of digitalis is not objectionable, in fact, is essential. He gives it freely and for long periods, even for one or two years, in dilatation of the heart, and always without objectionable results. It must be given freely and for a long time in old-standing troubles, particularly dilatation. He gives it without seeing his patient for a month or more, using either the fluid extract or extract, the latter in half-grain doses three times daily. It may be combined with arsenic, sparteine, strychnine, or such other remedies as are indicated.

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One, two, or three doses each of 10 or 12 grains of digitalis in cyanosis or dyspnea due to cardiac dilatation promptly restores the contractility of the heart, and the arterial tension. From 4 to 6 grains of digitalis or its equivalents may be given without fear even for years. A weak or dilated heart, accompanied with a strong arterial tension, should have combined with digitalis a proportionate amount of glonoin. Many dyspeptics with a defective circulation are much benefited by the simultaneous use of digitalis and the general remedies for dyspepsia.

Castor Oil in Typhoid Fever.

Dr. C. C. Bass, of Columbia, Miss., in the Mississippi *Medical Record* of April, claims to have the most gratifying results from the use of castor oil in typhoid fever, giving it in doses large enough to act freely in from four to six hours, and ranging from two teaspoonsful to two tablespoonsful. This should be given every morning. If the temperature is watched, it will be found that the exhibition of the oil carries with it a coincident lowering of the temperature, which is held down by its daily use, only to rise promptly upon its withdrawal. The doctor's claims are so enthusiastic, so positive, and backed up with eight cases prominently marked with diarrhea, delirium, and tympanitis, as to merit serious consideration. We have noticed very beneficial effects ourselves from the use of calomel in typhoid fever, and would not be surprised to find the doctor's claims for castor oil verifiable.

Danger from Weighted Vaginal Specula.

Dr. Frederick Griffith, in the *Medical News* of May 17, 1902, reports the case of a woman whom he curretted through a weighted specula, the instrument being in place for about thirty minutes. The operation was followed, within four days, by a fetid discharge, which, upon investigation, proved to be due to a slough of the posterior vaginal and anterior perineal walls, with an outline corresponding to that of the speculum that had been used. The author is to be congratulated upon reporting this case as a warning against the use of self-retaining weighted specula continuously for a long period. They should either not be used at all, or should be raised every few minutes to permit free circulation through the parts for the purpose of guarding aginst their destruction by cessation of circulation for too long a period. We must add, however, that a thirty-minute interruption of the circulation, especially in this region, due to pressure, should not be followed by such results in a normal individual. This woman must have been subject to some trophic nerve inhibition.

So-called "Deadliness" of the Intra-Uterine "Protector."

According to the New York *Medical Journal*, Dr. Kaferstein, of Magdeburg, in the *Centralblatt fur Gynekologie*, for June 7th, roundly scores a Dr. "X." for inventing an intra-uterine metallic appliance for the purpose of protecting women by preventing conception, maintaining that it was perfectly harmless. But Dr. "X." was accused, tried, and found guilty of having caused grave injury to five women who had worn his appliance, and he was sentenced to as many months' imprisonment. This leads the New York *Medical Journal* to dilate upon the dangers of intra-uterine pessaries from pressure and irritation, and the "atrociousness" of the destruction of embryonic life practiced by the abortionist, particularly Dr. "X.," the self-styled "protector of women."

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The doctor's appliance appears to have been a two-pronged arrangement to fit into the Fallopian orifices of the uterus, and which, as this editorial says, would be a sure producer of abortion, even if it did not prevent conception. To all of this we can conscientiously subscribe, though without the vehemence of our contemporary, which we think rather unnecessary.

Metallic intra-uterine appliances, particularly if they pass beyond the internal os, have long ago been proven dangerous. Even the flexible rubber appliance has its dangerous side. There is, first of all, the minor danger of likelihood of erosions, or excoriations, of the cervix. Then there is a danger of septic or other germ contamination, which, however, gives ample warning of its presence for weeks or months before. The proper remedy is prompt removal of the foreign body, and antiseptic treatment of the parts afflicted, one or two being adequate for this purpose, particularly if not of very long standing. The principal danger is from sepsis. A foreign body being dead material, there is no exudate from it having germicide qualities with which to combat infection, which, therefore, develops upon the foreign body, forming as safe a retreat for these germs as an island in a stream does against a freshet. Infection may gradually extend up the stem beyond the internal os, and infect the parts causing a corporeal endometritis. Nor will the process stop here if not promptly relieved, but will extend up into the tubes, causing pyosalpinx, with the eventual necessity of the removal of the important structures so absolutely essential to conception.

The mere fact that an intra-uterine stem will prevent conception, and however objectionable this feature may be to many, does not militate against its remarkable efficacy as a uterine drain and a cure for dysmenorrhea due to uterine flexion. The stem, like any other pessary, requires competent attention and occasional watching, but more so than do the ordinary vaginal supports. While it is unsafe for patients to run the risk of themselves guarding against infection, it is also an exaggeration far from the truth to say that the use of this appliance is also fraught with great and extreme danger if watched from time to time by a careful physician and a properly-instructed patient.

"What of the Future?" of Women, etc.

Under the caption "What of the Future?" Dr. J. H. Carstens, of Detroit, Mich., in the *Journal of the American Medical Association* of June 21, 1902, calls attention to the diminishing dangers of parturition because of the great advances made in obstetric knowledge within recent years. In most instances, even of grave complications, there is important work to be done, that must be done right, which, in former years, would not even have been attempted, but which now can be almost with impunity, if properly undertaken. In fact, he makes the point that our advanced knowledge of the present day is the means of preventing the major portion of the severe confinements so common in the past. He pronounces the dangers of the physiologic process of confinement now to be virtually *nil*, and refers to the possibility of inducing premature labor at a time when it makes this process easier, safer, and, under certain conditions, without harm to the child, where there this would have been impossible not so many years ago. All this because of our ability to rear premature offspring. Formerly one woman out of forty died,

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while to-day, as reported at the Preston Retreat of Philadelphia, there were one thousand successive cases without a death. A series of five hundred without a death have been reported in private practice. He also refers to the recent report of nineteen hundred consecutive cases without a death in a lying-in hospital, and concludes, and shows some reason for his belief, that the work of the obstetrician and of obstetric societies is pretty near ended because the soience and art of obstetrics has almost reached perfection. To this we may add more than 2,000 cases in the private practice of the late Dr. Hiram Corson, of Conshohocken, Pa., without a death, reported some years ago, we believe in the *New York Medical Journal*, and most of them were previous to twenty years ago.

While this is too roseate a view, it is believed to be largely true. He mentions that the obstetric papers of to-day are those of mechanics, pelvic surgery, removal of tumors or of portions of the pelvic contents. Obstetrics being largely the producer of the gynecologist, and the perfection of the one branch of medicine naturally diminishing the necessity for the other, thus having with the perfection of the obstetrician the passing of the gynecologist, he predicts for the regular obstetrician a drifting back into the ranks of general practice or his swinging off among general surgeons.

He next touches upon the decreasing fecundity of American women, and sees in this considerable promise of future need of the gynecologist. In this we are satisfied that he errs, because our lessened birth-rate is not so much due to woman's inability to get children as it is because of her determination to avoid the cares and responsibilities of maternity, or because of the inadequate income that there is no hope of properly increasing under existing conditions. The decreasing fecundity of American women is not a question for the gynecologist, but for the statesman and economist. But he is right in attributing a portion of this sterility to our modern civilization. It is a well-established fact that just in proportion as our young girls and women are kept under the mental and physical strain of the high pressure of education and business, so are they likely to become sterile, unable to become mothers through some modification of their nervous energies, particularly with reference to the procreative power of their sexual organs.

Woman has her own peculiar sphere that man cannot tread, and out of which she cannot go without damage to herself and injury to the race. It is essential that she should be, first of all, a fine animal; after this, she can be anything that she wants to be, provided she does not persistently apply herself to either strenuous and sustained mental and physical labor. Her nature is emotional; the character of her actions must be largely Bohemian; her forte is not so much in sustained effort as it is in generating impulses propagated to the opposite sex, to be persistently and actively put and kept in operation. Woman is a great world-power, and never so much as in the getting and rearing of children, and giving men the primary impulses that lead to great effort, in which she is also easily able to keep him with little effort on her part.

Next, he touches upon the sexual question, including prostitution and improper marriage. With reference to the first, he very properly says that this is a matter that concerns us as physiologists and scientists and economists rather than as moralists; that we must consider things as we find them, and treat men and women as they are made, not as many

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think that they should be. This, of course, puts him in the position of favoring the regulation of prostitution by law. In regard to improper marriages, there is little distinction between the woman who unites herself promiscuously with different men for many considerations, and one who sells herself to one man for life for a much larger single consideration. Union of the sexes because of mutual attraction and affection is natural, and, though often unfortunate, has in its favor the fact that the contracting parties are true to themselves, and do not necessarily sacrifice their mutual respect, dignity, and character. The young woman who sells herself to an old man, for whom she has an aversion rather than any affection, is not in the same class, not to be compared in any way, except one that is odious, with her who is guided by her affections. We fear, in fact we are sure, that there is a deplorable lack of frankness in the discussion of these subjects by medical men, who are the most competent of all others to pass judgment upon them.

Another frequent cause of trouble consists in the lack of frankness of mothers with their daughters. Inquiries are often made by the latter about their pelvic organs, only to be denied proper information, after which their attention to them is finally drawn in a morbid way, often leading to trouble that would otherwise not result. They are taken to physicians for treatment as soon as they have some slight local complaint, and this means the beginning of no end of trouble.

The doctor concludes, in answer to the question, "What of the future?" that we must have more papers upon these subjects than we have had before. Young women should not be kept in ignorance of their sexual organs, but should be fully informed upon all the essential facts; that local interference in case of pelvic disturbance should be discouraged, except for good and adequate cause; that women should be encouraged to be good animals, to have robust health, and to enjoy a maximum relaxation, and always avoid continued strain or tension, either physical or mental. It is proper, and entirely harmless, for her to acquire knowledge and be active insofar as she can do so without evident strain. He speaks in favor of gymnastics and general outdoor exercise. Finally, he concludes that the effect of eroticism upon the human body should be more thoroughly studied than it has been, with a view to taking into consideration the effects these varying forces may have upon the physical and mental character of the individual. The paper is an able one, and well worthy of careful perusal.

Human Stirpiculture.

Gaulton, in the Huxley lecture reported in *Popular Science Monthly* for January, 1902, "On Improving the Human Breed Under Existing Law and Sentiment," holds that it is more profitable to confine our efforts to mating men and women with a view to having a high type of offspring, than it is to prevent the birth of defectives from a union of the unfit. He very justly makes the point that the better type are bound to dominate the inferior, and that the latter, even if more numerous, are out of harmony with their environment, to which they are soon sure to succumb. This is not the ordinary way of looking at this question, but it seems to us that it is the more correct one. Human stirpiculture is yet in an embryonic stage, not even in its infancy. Veterinarians, stock-breeders, and farmers know more about breeding than does the average doctor. It is high time that this matter be taken up systematically in our colleges, so that the medical profession may use its moral influence in insuring a better progeny in the future.

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Original Articles.

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Two Interesting Obstetric Cases.

Placenta Previa—Adherent Placenta.

By WALTER J. CREE, M. D.
Detroit, Mich.

Believing that unusual cases or those of special note should be placed before the profession, the following ones are briefly noted:

Mrs. B. B., age 24; nativity, U. S.; expected confinement June 15, '02; second pregnancy; last confinement uneventful; patient in good condition during the pregnant state.

Was called early the morning of June 3d. Patient had arisen and suddenly suffered a severe hemorrhage. Examination revealed a partly-dilated cervix, partial placenta previa and slight hemorrhage, vertex presentation. The patient being weak, tampons were used, nourishment given, and quinine sulph., grains five, every half-hour to encourage pains.

In about an hour the tampons were removed, showing slight increase in dilatation. The placenta was separated as far as possible, membranes ruptured, and the tamponing again resorted to with the hope of facilitating labor.

After several hours, pains weak and far apart, the tampons were removed, and, under chloroform, forceps applied and child delivered dead. Cord coiled around the neck once. No hemorrhage after delivery, and the mother made an uneventful recovery.

Now, as to the treatment. Would operative interference earlier have produced a living child, and would it have been justifiable when the patient was so exhausted from the first hemorrhage? My belief is that the child died after the first hemorrhage. No fetal movements or heart-sound could be distinguished after I had the opportunity of examination. This is the sixth case met with; mortality: mothers none, children two. Would like criticism from readers of the COUNCIL.

Adherent Placenta.

Mrs. A. W., age 30; nativity, Canadian; expected confinement May 25th; confined June 9th; fifth pregnancy and confinement; last confinement April 19, '99. Complication of adherent placenta, hemorrhage on the tenth day after labor. Recovery slow. When called to see the case, labor was progressing in a normal manner. Presentation vertex, first position. Labor concluded in six hours (that is second stage). It is never my practice to hasten the removal of the placenta, and after waiting about half an hour Crede's method was used, but with no avail. I felt that I was up against a tough proposition, and sent for assistance. While preparing some needed articles, severe hemorrhage occurred, which kept me busy to control. The event took place so suddenly, and the amount of blood lost was so great, that the patient was almost pulseless. Nitroglycerine, strychnine, and digitalin were used; also an injection of normal salt solution. After rallying, and assistance was at hand, chloroform was administered, and, by the kindness of my consultant, the placenta was removed with a great deal of difficulty. No untoward symptoms have occurred up to date (June 23d).

This is the second case of true adherent placenta that I have met with, and I was strongly tempted to remove the placenta, but, being well nigh exhausted, considered it the better plan to have the fresh physician do the work. In thinking over this, I believe that in some instances it might be better for the attending physician to have the consultant do the active work, especially after a tedious labor. No man is fully competent to do more than a certain amount of labor with justice to himself and patient.

These two cases coming within a week prompted me to report them. As with the first case, I would like comments.

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Repair of the Perineum in Country Practice.

By C. KENDRICK, M. D.
Kendrick, Miss.

About ten years ago Dr. Ben H. Brodnax, of Brodnax, La., wrote me that he had frequently used nitrate of silver in treating lacerated perineum; that it would answer instead of the knife to denude the torn surface; and that incomplete lacerations might be cured sometimes by it alone. Since that time I have frequently used it, and find that it almost always does good. Some moderate tears get well promptly without sutures, and the worst cases are almost always benefitted. For many months after a complete laceration there will be a raw, red surface at the extremity of the rent. Apply solid nitrate of silver to this (a strong solution will do, say 80 grains to the ounce of water) until it turns white. Repeat this every ten days until you have used it three or four times Then let the patient rest from treatment two or three months; and in nearly every case you will find improvement.

Some years ago a lady called on me to operate for a complete laceration. I thought best to prepare her for the operation, and part of the treatment consisted of an application of nitrate of silver as herein described. She improved so much that she declined to have an operation performed. But this treatment is not to be recommended, except in country practice where an operation is not desired, or where it cannot be performed. When an operation is to be performed, I prefer the flap method. Paring is slow, tedious, and difficult to perform. If the smallest spot of the torn surface is left without being denuded, the operation will not be a perfect success. I have not had enough experience with nitrate of silver to recommend it instead of the knife to make the surface raw. I have always thought the actual cautery would be better than paring. Every one has noticed how difficult it is to keep fingers and toes from growing together after a burn. But this plan might cause a stricture. We cannot tell just where the contraction of tissue will stop after a burn. In the flap operation there is no paring and no loss of tissue, all of which is needed for repair. I am indebted to Dr. Byron Robinson for personal letters and drawings, written and made before he published his valuable book on the subject. But for these, I have no idea I would ever have undertaken this kind of operation.

There is but little preparatory or after-treatment necessary. Without drawings it is impossible to write a satisfactory article on the subject, and I shall not attempt it. But I will give the outline of the operation in the following case, the smallest mother and the worst laceration I think I ever saw, hoping thereby to cause others to try the flap method.

Mrs. B., aged 19, was delivered of her first baby with forceps. The babe was very large, and she was badly lacerated, could not retain the feces. An operation was performed, but it did not succeed. Three months later I saw her for the first time. She could sit up only a little while at a time and life was almost unendurable.

There was no tissue to spare for a paring operation. She weighed less than ninety pounds when in good health. I applied a strong solution of nitrate of silver, gave an antiseptic wash and tonic treatment, and instructed her to keep the bowels in a good condition. Three weeks later, assisted by Dr. W. T. Lindsey, of Burnsville, Miss., the operation was performed, and in less time than was required to put her under the influence of the anesthetic. The parts were well scrubbed with an antiseptic wash, and the instruments sterilized. Perfect asepsis is almost impossible in country practice, but we did the best we could. Sharp-pointed elbow scissors were used to make the flaps, the point being introduced one-half inch at the median line of the recto-vaginal septum, and a cut made up both sides of the vagina. Then, from the same points, a cut was made downward on each side of the anus. Experienced operators can complete the flaps with these four clips with scissors. But I have to make the split up the recto-vaginal septum with a knife. It takes more time, but I can do

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the work more to my satisfaction. The flaps were held with hooks or dressing forceps; the vaginal flaps pulled up towards the umbilicus, and the rectal flaps towards the knees. This formed an oblong raw surface. With the left index-finger in the rectum four silkworm-gut sutures were introduced at the border of the raw surface and drawn out at the same border on the other side. Then they were all drawn together and tied. Two or three superficial stitches were taken on the vaginal surface where the parts did not come together perfectly. For a week the urine was drawn with a catheter, and the vagina washed out with a weak solution of carbolic acid. Opium was given to confine the bowels, and, after the fourth day, salts, oil and an enema were given, and the bowels acted well, and without medicine, afterwards. The stitches were removed on the tenth and thirteenth days. This was all the after-treatment, and all except removing the stitches was done by an intelligent lady under my instructions, who lived near enough to come three or four times a day. Recovery was prompt and perfect.

This case is reported, because it is to me remarkable in several respects. The operation was performed more than two years ago, and, as I kept no notes, I have written wholly from memory. Tying the legs is not necessary unless the patient walks in her sleep. It is also unnecessary, I think, to confine the bowels. In flap operations where the rent does not extend through the sphincter ani, but little after-treatment of any kind is necessary. As a doctor once remarked to me (he had never seen the operation performed before) when the stitches were drawn together and tied: "Doctor, it cannot help but grow together." When you have once performed this operation you will never resort to the paring plan again.

We are especially desirous that physicians in general practice shall report through THE COUNCIL their interesting every-day work. It encourages others to prepare themselves to do properly the work which they too often send to a specialist.

Some Clinical Observations on an Epidemic of Measles.

By S. J. WINDSOR, A. M., M. D.
Dames Quarter, Md.

From the first of October, 1900, to the last of April, 1901, it fell to my lot to treat over 400 cases of measles. Some of these cases were of extreme interest to me, and I would like to give their clinical course in detail; but I was so busy in the practice of my profession, that few notes were taken, and this report will, therefore, be for the most part from memory. This, too, is the first opportunity I have had since the subsidence of the epidemic to make a report, many little points of interest having escaped my memory in the meantime. However, I have tried to keep some of the most interesting as clearly as possible in mind, and hope this paper will be of interest to some of the readers of THE MEDICAL COUNCIL.

My oldest patient was Mrs. B., white, aged 38 years; my youngest, her newborn babe. This woman developed measles in the eighth month of her fourth pregnancy. She seemed to get along fairly well until the second day of the second stage of the disease, when the eruption assumed a livid appearance, and metrorrhagia was produced. This resulted in the premature birth of a live child. A profuse *post-partum* hemorrhage ensued, and several violent attacks of metrorrhagia subsequently resulted. Traces of the eruption could be seen for nearly two weeks after its first appearance. This patient was put on sustaining treatment, and ultimately made a complete recovery. The baby developed an eruption of measles soon after birth, and died on the second day.

I had two other cases of this disease complicating pregnancy. One of them was in the fifth, and the other in the seventh month. Both patients went to full term, and were uneventful in every respect.

Lusk, in his "Science and Art of Midwifery," says: "Rubeola is an infrequent complication of pregnancy, but is serious on account of its tendency to be-

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come hemorrhagic, fatal alike to mother and child." Dr. W. A. Hardaway, in "Pepper's System of Medicine," writing of the etiology of measles, says: "From a study of the literature of measles complicating pregnancy and parturition, Underhill finds it to be quite uncommon, due probably to the fact that most adults are insusceptible of further attacks; but when it does occur in pregnancy he regards it as a very serious and frequently fatal complication."

It would seem from these statements by so eminent authorities that my three cases were interesting because of several facts: (1) the infrequency of the supervention of an attack of measles during pregnancy; (2) the recovery of the mother in the first case; (3) the happy termination of the other two.

In the case of the baby, the fact that measles developed so soon after birth is another very interesting point. The occurrence of measles at the time of or soon after birth would appear to be of extreme rarity, if the literature at my command is to be taken as a criterion. A painstaking examination of the books at my disposal discloses reports of but few cases of congenital measles.

Dr. Hardaway says: "Quite a number of cases of congenital measles have been put on record from time to time; but Thomas, after a careful investigation, says he has been unable to discover but six authentic accounts of such occurrences." Bartholow, in his "Practice of Medicine," 1891, writing of the etiology of measles, p. 236, says: "It is a disease of childhood especially, although infrequent in infants at the breast, and a few cases have been reported in which measles existed at birth." Holt, in his admirable work, entitled "Infancy and Childhood," 1897, writing of the etiology of the disease, p. 911, says: "Somer has reported an instance of an eruption of measles in a child twelve hours after birth; the mother was suffering with the disease at the time. Gautier has collected six additional cases, where measles either existed at the time of birth or developed within a few hours after it."

Not one of these authorities claims to have observed a single case of congenital measles, and this point is not even mention by Bristowe, Flint, or Osler, in their respective works on practice; or Smith, in his work on diseases of children.

In the case I report there certainly was no mistake in diagnosis. My attention was first called to the case by the midwife, who declared that the baby had measles; and, although receiving her statement with considerable incredulity at first, after making an examination, I was forced to admit that she was correct.

The fact that close proximity to a patient is not necessary to communicate the disease was well exemplified in one of my cases. Mr. W., white, aged 28 years, who was confined to his bed with a peri-nephritic abscess, contracted the disease from a little girl who did not come nearer than the door, a distance of about ten feet. This little girl, while in the catarrhal stage of the disease, stood in the doorway a few minutes to deliver a message. Mr. W. developed an eruption of measles exactly fourteen days after this occurrence. His little visitor was undoubtedly the source of infection, as no other person who had measles, or had been in measles, visited him about this time. Holt records one instance that came under his observation where measles was apparently conveyed by a short exposure across a hospital ward, a distance of fifteen feet.

The prevailing opinion among writers on the etiology of measles is that the disease may be conveyed by a third person. This point was very forcibly impressed on me by the following case. A family consisting of father, mother, and one child were the only inhabitants of a small island near here. The child developed measles ten days after the visit of a man in whose family the disease was present. This man was the only possible source of infection.

Another point noted in this, as well as in previous epidemics, was that not one patient had a previous attack. This must be peculiar to my experience, as all authorities writing on the disease at the present time agree that there may be a recurrence, and so eminent a one as

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Osler asserts that there may be a second, a third, or even a fourth attack. Perhaps this disease seldom recurs after adult age is reached. If this is so, my experience can be explained on the ground that but few children here had had a first attack.

During this epidemic *la grippe* was also prevalent, and in several instances one disease developed just after the other had subsided. I found it difficult in some instances to distinguish the catarrhal stage of measles from *la grippe*. A minor epidemic of rötheln followed in the wake of this epidemic. Some who had just recovered from an attack of measles were attacked with rötheln.

Three of my cases terminated fatally. This was a death-rate of about three-fourths per cent. Broncho-pneumonia and diphtheria were each the cause of one death. The third fatal case was the infant referred to above.

Probably the mortality of no disease varies more than that of the one under consideration. Among the more important factors to be taken into consideration in coming to any conclusion in regard to prognosis are: the age and previous condition of the patient, the surroundings, the character of the epidemic, and the season of the year at which it occurs. And according to statistics collected by different writers, the mortality seems greater in asylums than in family practice. From records accessible to me, however, I conclude that the death-rate of this epidemic was exceedingly low. According to statistics collected by text-book writers, the average mortality of the disease appears to be from 4 to 6 per cent. I have been able to find the record of one epidemic of the disease with a mortality rate as low as 1.2 per cent. This is probably the lowest death-rate of any epidemic of the disease on record.

Now let us see to what extent the conditions which favor a low mortality were present in this epidemic. Statistics conclusively show that the mortality of measles is greatest in the first three years of life. This disease is also acknowledged to be often fatal in the adult. Unfortunately, I can not give the number of cases that occurred at any particular age; but will say that, among more than two thousand inhabitants, but few children under three years escaped. And as this was the first extensive epidemic that had occurred here in several decades, a number of adults were attacked. A number of my patients were very delicate. Some were predisposed tubercular subjects, and in a few instances tuberculosis was actually present. The white and colored races are about equally divided here, and many of my patients among the latter class, as well as a few among the former, were living in absolute disregard of every kind of ordinary sanitary environment. In several instances nearly a dozen patients were crowded together in a dingy little room. And this epidemic was probably of a severe type. In evidence of this I would mention the fact that in one family, within ten miles of here, five children out of eight that were attacked died. Again, this epidemic extended through the part of the year that is most favorable to the development of broncho-pneumonia. This complication is acknowledged to be the most frequent cause of mortality in the disease. I would also mention, in passing, that there were in the neighborhood of 500 cases here during this epidemic. About 100 of the mildest cases did not receive professional attention. All the worst cases were included in the number I treated.

I verily believe the following treatment employed in this epidemic was an influential factor in obtaining such favorable results. As soon as summoned to a case, I prescribed a combination of muriate of ammonium, ipecac, and paregoric. Slight bronchitis is uniformly present in measles, and this treatment was given partly to relieve the irritation of the respiratory mucous surface, but more especially to prevent the inflammation from extending into the smaller tubes. This expectorant was given frequently. In the case of children under three years, the opiate was given separately from the other remedies, and only occasionally as the child needed rest, while the ammonium salt and ipecac were repeated at short intervals, as every half-hour or

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every hour, day and night. Broncho-pneumonia was an infrequent complication. It developed in but few cases that came under treatment early. The fatal case of broncho-pneumonia referred to above was not treated for the primary disease; and, when the case did come under treatment, my instructions were imperfectly followed.

The above prophylactic treatment would appear to be especially indicated in children under the age of three years, or at the age when inflammation of the smaller tubes and broncho-pneumonia are most liable to occur. Holt, writing of the prophylactic treatment of acute broncho-pneumonia, says that every attack of bronchitis in an infant should receive careful and early attention. I see no good reason why the bronchitis attending measles should be an exception to this dictum. But the crucial test of any system of treatment is results, and it certainly does seem to me that the low death-rate of this epidemic proves the efficacy of the treatment. Of course, other indications were met by appropriate remedies, and complications received the usual treatment; but I attribute my success in this epidemic for the most part to the above treatment.

I will mention a few of the other therapeutic measures that were employed. Local measures constituted a part of the treatment. The poultice was used in all severe cases. The bowels were kept open. Castor oil was given for this purpose. Whenever the bronchitis increased sufficiently to be considered a complication, the ipecac was omitted, the opiate was entirely withheld or given very sparingly, and the carbonate of ammonium was substituted for the muriate. An emetic was given whenever mucus and pus collected more rapidly than they could be expectorated. Syrup of ipecac was used for this purpose. The wet pack was employed in several instances to control high temperature, and develop the eruption. It proved to be effective, and at this time I recall a case in which its efficacy was especially shown. This case was that of a white man, aged 27 years, who was attacked while away from home and who traveled more than a hundred miles to reach home after the eruption had made its appearance. When I first saw this patient (on the second day of the second stage of the disease), there was complete retrocession of the eruption, and pneumonia had supervened. The wet pack caused a reappearance of the eruption, and seemed to exercise a most favorable influence over the course of the pneumonia. This patient made a perfect recovery.

Cod-liver oil was prescribed for many of my patients during convalescence and for some time subsequently. Tuberculosis was not a sequel in any instance. The tuburcular cases were apparently made worse by the intercurrent attack of measles.

Disorders of the Sexual Function in Man.

By A. H. P. LEUF, M. D.
Philadelphia.

[NINETEENTH PAPER.]

Urethritis.

Urethritis is an inflammation of the urethra, usually limited to its mucous lining, and rarely, if ever, existing in the deeper structures, except by extension from the mucosa. Urethritis may be acute or chronic, and may be simple or infectious, the latter variety being most often due to the gonococcus. At least this is the generally-accepted belief; and infectious urethritis is more likely to extend along the urethra and involve other parts, such as the prostate, ejaculatory ducts, seminal vesicles, and the bladder. Besides this, the lymphatics are likely to take up the infection and convey it to the nearest lymphatic glands in the groin, which become congested, swollen, inflamed, and are likely to suppurate, thus constituting bubo. Anything that will cause an irritation of the urethral mucosa is likely to cause its inflammation. Its one great unmistakable sign is a discharge that is readily recognized, and is accompanied in the earlier stages by acute pain, particularly in urination, this becoming so intense at times as to cause a sponta-

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neous, defensive spasmodic contraction of the neck of the bladder, thus preventing further outflow of scalding urine. This affection, while the most common of all the diseases of the genito-urinary tract of man, is relatively uncommon in woman.

Simple Urethritis and Gonorrhea.

A distinction must be made between urethritis and gonorrhea, the latter being only one variety of the former. Gonorrhea is so commonly located in the male urethra that the term is used synonymous with urethritis. The impropriety of this is at once manifest when one recalls gonorrhea of other parts of the body—for instance the eyes, nose, or mouth. I have no patience with those who designate every urethral discharge as gonorrheal. I have watched this matter carefully for many years, and am satisfied that a large proportion of cases of urethritis are perfectly innocent.

Mechanic, chemic, or other causes, all more or less intense, and particularly congestion of the parts, are likely to induce a simple urethritis. This may become so intense as to simulate severe gonorrhea. I want to say that, so far as I know and believe, there is but one positive indication of gonorrhea, the demonstration of the presence of the characteristic germ, the gonococcus. The mere fact of a man having a muco-purulent discharge from the urethra is by no means absolute proof of its specific or venereal character. I have seen many cases of simple urethritis followed by troublesome strictures, as well as by bladder and prostatic complications. I must say, however, that one great distinguishing feature between the innocent inflammation and the specific kind is that the latter is much more apt to be followed by bubo. Even a specific urethritis, or gonorrhea, may be innocently obtained, though a claim of innocence under these circumstances is likely to be incredulously received. In the name of common sense, however, may it not very properly be asked why such affliction may not be innocently obtained when all that is requisite to this end is the contact of the poisonous germ with the virgin soil. This can be obtained in a variety of ways, and its occasional occurrence need cause no surprise.

Latent Gonorrhea.

There is much speculation, at present, about latent gonorrhea, with or without gleety discharges that have no practical significance. Thus it is plain that a gonorrhea may extend to the deeper urethra and there remain latent, by which is meant that some gonococci still exist in so modified a form through long-continued residence that they become innocuous to their host, but are ready to become virulent upon virgin soil when thrown in contact with an uncontaminated mucous membrane. Then the speculation continues that they may become as virulent as ever in their new habitat, and able to re-infect their original host. I can see no practical advantage in this supposition, except that it forms a good excuse for continuing treatment long after all symptoms of the affection have disappeared. The effect is increased expense to the patient, and more work and greater profit to the doctor, though I do not intend to imply that this is the object of those who favor this speculation. I see no reason why catarrhal conditions of the the urethra cannot be due to the various irritations that cause similar conditions of other mucous linings of the body. The positiveness of some men in pronouncing every attack of urethritis gonorrheal is perfectly stupid, and we could afford to let it go at that, were it not for the fact that this is usually a serious charge, and one likely to be followed by troublesome consequences in the case of a married individual. It is exceedingly difficult to positively assert that any given case is really one of true gonorrhea venereally acquired.

Origin of Gonorrhea.

Lydston, who approaches nearly all of these questions with unusually sound sense, believes that gonorrhea, like chancroid, is really a filth disease, continually arising *de novo* in women. The probability favoring this view is more evident

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when we consider the splendid opportunity existing in the vagina and labia pudendi for the collection and retention of organic matter, a condition that cannot exist in the male, except under the prepuce, and then only to a much more limited extent. It is not necessary that the infecting germ should always be the gonococcus. Consistent with the theory I have mentioned, all urethritis being caused by local irritation, this disease may readily result from any germ sufficiently irritating. How many there are that are likely to have this result is not fully known, nor need be so far as the requirements of treatment are concerned. Nor is it necessary that this source of irritation should be a living germ, for it may consist of inert matter, as I shall show further on.

Alterations in Pathogenic Quality of Germs.

The conversion of a non-pathogenic germ into the opposite kind is a possibility in the vagina. It is a well-proven fact that oxygen-using germs (aerobic) are non-pathogenic because their intrusion into the body-tissues, or its closed cavities or canals, cuts off too much of their oxygen to permit them to live, while the minimum oxygen-using germs (anerobic) are pathogenic by virtue of their being able to subsist on what little free oxygen is available in these places. It is also well established that either variety of germs may be converted into the other by gradual adaptation. It is thus possible for aerobic germs to find lodgment in the vagina, and there give origin to many subsequent generations of their kind, each one adapting itself to lesser oxygenic requirements, really necessary in view of the enormously increased number of these little bodies under the same conditions of limited oxygen supplied. But if this applies to the vagina, there is no reason why it should not do so likewise to the deep male urethra, in which each subsequent generation of germs would be more numerous, while the supply of oxygen would remain as limited as before. Furthermore, the mingling of semen and mucus, and their subsequent retention in the vagina, are apt to lead to decomposition and the formation of animal poisons (toxines) possibly of a most irritating kind.

Effects of Urethritis.

The prime objection to urethritis of any kind is its pain, and next its discomfort, and, finally, the danger of transmission to others, either by accident or coitus, in either event extending a most painful and undesirable, as well as ultimately dangerous, affliction to those whom we would rather benefit than make unhappy. The dangers to life from urethritis consist in its after-effects, the commonest of which is urethral stricture, to which there is often a consecutive dilatation and inflammation of the kidneys. The tendency to neglect a urethritis makes it the most dangerous of all the venereal diseases. If properly cared for, and the infection of others is avoided, it would be the simplest of all the venereal diseases, except the pain incident to its more acute stage. Conditions of life also modify its cares, as is true of other diseases, generally tending to spontaneous recovery for, from a few days for the simple variety, to weeks or months for the specific forms. People with lower resisting powers are apt to get troublesome complications upon the slightest provocation. Such should be cautioned about the great importance of rigid adherence to instructions, especially those having in view anything likely to aggravate the trouble.

Simple and Specific.

Urethritis is naturally divisible into the simple and specific varieties, the former incapable of conveying the disease to others, while the latter does so almost invariably under favorable conditions. There is a general impression among the laity, in which opinion the major proportion of the profession may be included, that any urethritis—and by this I mean any purulent flow from the urethra—is invariably gonorrheal. My experience leads me to believe that attacks of simple urethritis are very common. It is, therefore, high time that this subject be placed in its true light so that injustice may not be done to many innocent individuals.

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Simple Urethritis.

Simple urethritis may be caused by any irritation of the urethral mucosa, or by modifications of its trophic nerve-supply, the latter form of causes being rather speculative and mentioned more for the sake of completeness than because of any well-established evidence justifying this view. The direct causes of simple urethritis consist either of irritation by the urine, or local damage from frequent erections and sexual gratifications, whether normal or abnormal. One of the most pronounced predisposing causes is a previous urethritis, either simple or specific, that leaves the canal in a more or less damaged, and therefore hypersensitive, condition, which makes it unusually subject to congestion, inflammation, and catarrhal discharge from relatively slight exciting causes. Some diathetic conditions, such as rheumatism or scrofula, predispose to urethral catarrh (simple urethritis), the former by increasing the excitability and inflammatory tendency of the mucosa, and the latter by its accompanying general relaxation of the glandular and mucous structures, tending to mucous flow and cell proliferation. From this it follows that the treatment of the two kinds of urethritis are different, wherefore it is necessary to know its underlying causes. So far as the general symptoms of urethral flow, painful urination, chordee, and other usual signs are concerned, there is practically no special difference between simple and specific urethritis.

Diagnosis.

The diagnosis of urethritis is based upon a urethral flow of muco-purulent matter, smarting urination in varying degree, tenderness of the affected portion of the canal, and other more or less constant signs and symptoms.

Pathology.

It is only necessary to mention a few points upon the subject of pathology of simple urethritis. In its mildest form it consists of vascular activity and cell proliferation on the mucous surface over a limited area. It may extend in any direction along this surface, or may penetrate deeper so as to involve subjacent tissues, or both. It may become as severe and as enduring, and be followed by as dangerous complications to future health and life, as a virulent attack of true gonorrhea. I believe, in fact, that the virulence of a gonorrhea is largely due to the same causes that may make the simple affection very severe. If a rheumatic or gouty condition tends to a simple urethritis upon slight and simple provocation, it is fair to assume that it will do so equally upon specific infection. Involvement of the deeper urethral structures, and by that I mean the sub-mucosa, is followed by a more painful condition, often constitutional disturbance, such as fever, malaise, loss of appetite, disinclination to work, and possibly a whole train of further entailed symptoms. Involvement of the connective tissue is the potent cause of chordee. It is also self-evident that involvement of the entire thickness of the mucous membrane and its substratum of connective tissue insures a slower recovery, with the likelihood of resulting stricture.

Patients often come with a urethritis that they think is gonorrheal, though ashamed to admit its possibility, and suggest that the urethral flow is the result of the strain of heavy lifting, or of running, or is the result of a fall or some other local cause. I would not refer to this except for the fact that there are many physicians who really believe that a urethritis may be caused in that way. A more absurd conception it is difficult to imagine. The idea is preposterous, because impossible. There is also the plea of its having been caused by pre- or post-menstrual leucorrhea. While this may be possible at times, it is a very unlikely cause, for I have already stated that the characteristic of a simple urethritis is its non-infectiousness. The same is true of women who have either a simple or specific leucorrhea, the former being non-infectious, while the latter is. It is fair to say, therefore, that a leucorrhea that is infectious just before or after menstruation, is likely to remain so during the entire intervening period.

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General Treatment.

The treatment of simple urethritis divides itself into local and general, and I believe the latter form is much more important in the simple variety than it is in the specific forms, particularly when there is no damaged urethra as the result of a former infection. It is very important to examine the urine in all cases of urethritis, and more especially in the simple forms, with a view to learning whether it contains anything irritating; if so, appropriate medication is indicated, the successful administration of which is frequently sufficient to cure the discharge. If there are diathetic conditions, such as rheumatism, gout, or scrofula, they should receive the major attention, with the confident expectation that the urethritis will diminish in proportion to their amelioration. It is not necessary for me to state how this should be done, because it is not the province of this paper to go into the treatment of these conditions.

Sexual excitement and abuse should necessarily be discouraged, for we can little hope to benefit an inflamed organ if subject to repeated excitement and physical strain during treatment. It is important to regulate the diet only so far as this is apt to stimulate sexual desire, or so modify the urine as to decrease its irritating qualities. The usual plan prescribed for these conditions is serviceable in most cases, though not in some. It has been my practice to diet these patients as little as possible, taking as my guide the condition of the urine and tendency to sexual excitement. For instance, chocolate and oysters are sexually stimulating to a certain proportion of individuals, while without such effect upon others. Beer, meats, and other alcoholic beverages and nitrogenous foods, likewise increase the irritating qualities of the urine in many, though without effect upon others. I believe it best not to restrict the dietary in urethritis unless it is proven to be necessary.

The general treatment of urethritis, aside from the conditions already mentioned, and by this I mean relative to the local conditions entirely, is quite simple, and consists in meeting special indications. Thus normal urine, being acid, is irritating alone because of this fact. It is, therefore, desirable to make it neutral or slightly alkaline. This lessens the sufferings of the patient as well as the irritation of his disease. The alkaline salts are the most serviceable for this purpose, one of the best being acetate of potassium in sufficient dose to produce the desired effect, beginning, say, with 10 grains every three or four hours. Inasmuch as the solids excreted by the kidneys are a fixed amount, the urine is readily diluted by the free ingestion of large quantities of water, than which there is no better diuretic.

Priapism and Chordee.

The tendency to priapism is controlled by the anti-spasmodics, such as camphor, bromide of potassium, hyoscyamin, valerian, belladonna, etc. An excellent remedy is the following

Opium and Belladonna Suppository.

℞ Extracti opii . . . . . gr. vj
Extracti belladonnæ . . . . . gr. jss
Iodoformi . . . . . ʒ j
Misce et fiant supposit., No. vi.
Sig.—Use as often as needed.

Mode of Production of Chordee.

These, of course, are indicated in chordee, which is due to erection in the following way. The two corpora cavernosa, being unaffected by the inflammatory process, expand with their usual freedom and facility, but the corpus spongiosum, which encircles the urethral canal, is hampered in its expansion and elongation because more or less bound down and fixed in its usual smaller flaccid state by inflammatory exudate. When, therefore, the corpora cavernosa expand and elongate, the corpus spongiosum, held fast by inflammatory exudate, only partially elongates with them, and beyond this is under the same strain as the string of the bow represented by the corpora cavernosa, these expanding bodies pulling upon the tender corpus spongiosum, and causing the marked pain incident to this condition —chordee.

Besides the drugs named, which should be given in sufficient amount

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to be effective, it is well to avoid taking water within one or two hours of bedtime so as to avoid bladder distention, which, as is well known, causes morning erections. But then, on the other hand, the failure to drink freely of water causes the voidance of the concentrated urine in the morning, with its entailed pain and gritting of teeth. It is better, therefore, in my judgment, and has been in my experience, to depend upon drugs that will reduce the excitability of the erection mechanism, while the patient is permitted to drink freely of liquids. A morning and evening hot sitz bath is also helpful, though time-consuming, and not always obtainable.

I want to add, and impress upon the reader, the importance of permitting the urine to regain its normal acidity as soon as this can be done, for the double reason that it is a restoration to normal conditions, and that it is antagonistic to infectious elements that may exist in the urethra. Cubebs, copaiba, santal oil, and methylene blue are very useful in all forms of urethritis, particularly if they have a tendency to linger. Santal oil is better than the two resins, but much more expensive, and either or all of these may be given in the usual manner. The methylene blue acts both as a sedative and antiseptic. It affords the most natural and efficient mode of urethral irrigation several times a day.

Local Treatment.

The local treatment of urethritis includes rest and free drainage, to which is to be added a suitable injection, the character of which depends upon the nature and stage of the trouble. Much has been written in later years of the advantages of urethral irrigation with permanganate-of-potassium solution, but I must say that I do not think its effects justify the trouble it costs. I much prefer the natural methylene blue irrigation from the bladder, already mentioned. It is simple, easy, sure, inexpensive, and effective. I have used an injection in both simple and specific urethritis for more than twenty-one years, with results so satisfactory that I have very rarely been obliged to resort to any other. It is astringent, and this is probably its sole virtue, and does most good after the trouble begins to decline, though I have used it freely and without hesitation from the very beginning, if the parts were not too tender, which they seldom are in a simple urethritis.

Injection for Urethritis.

℞ Plumbi acetatis . . . . . ʒjv
Zinci sulphatis,
Morphiæ sulphatis . . . . . āā ℈j
Tincturæ catechi . . . . . ʒj
Aquæ camphoræ . . . . . q. s. ad Oij
Misce. Sig.—Shake and inject.

This is to be used four or six times a day, or even oftener, as is necessary and convenient. It is not harmful, and can do no damage. The frequency of its use can be lessened as the necessity for it diminishes. It should not be suddenly withdrawn, but must be gradually reduced until only one injection is taken per day, which must continue for several days after the total cessation of all discharge. While there is danger of backward extension of the inflammation in a specific urethritis, this is more imaginary than real in the simple forms, though I might add that this danger is lessened by taking up into the syringe only sufficient to fill the affected portion of the canal. The action of the musculature of the urethra is outward, toward the meatus, and ingoing solutions are, therefore, antagonized, and will go no further than they are forced. Thus the best safeguard against the backward extension of urethritis by injection is to throw in only enough of the fluid to reach the affected area.

A suspensory bandage is useful because it prevents the dragging sensation so characteristic of these conditions, but the practice of slinging the affected organ upward is bad because it has a tendency then to permit the gravitation of the muco-pus down toward the prostate, thus tending to extension of the trouble.

It is best to keep the urethra pendent. The cleanest and simplest way of catching the discharge is to loosely cover the meatus with absorbent cotton held in place by the prepuce drawn over it. Where this covering is deficient or absent,

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a large amount of absorbent cotton should be placed in the bottom of a suitably-constructed sac that can be hung from the suspensory bandage. I want to add the final caution, that the clothing should be loose, because much trouble occasionally results from pressure. Many other expedients could be suggested, but I leave these to the common sense and ingenuity of the reader.

(To be continued.)

2353 N. 17th Street

[In this series of papers Dr. Leuf has considered the normal physiology of the sexual function, the various pathologic conditions, taking in order Spermatorrhea, Impotence, Prostatic Disorders, etc. Back numbers can be secured for the entire series. The next paper will continue the consideration of urethritis—ED.]

Summer Diarrheas.

By W. E. HITCHCOCK, M. D.
Newark, N. J.

It is always an open question as to the best means of treating the infantile diarrheas that prevail during the summer months of the year, from which the mortality is simply prodigious despite the hosts of remedies that we have already with us. Many of these come and go, having a short-lived existence, although heralded with a blast of trumpets as universal panaceas for the summer complaints of infants and adults. In the textbooks it is quite common for authors to make seven or more varieties of diarrhea, but for practical purposes it will answer the object of this article to describe those forms that are the more frequently met with in the daily experience of the general practitioner, as the others are simply subdivisions of the three or four leading classifications.

Acute desquamative catarrh, or acute diarrhea. In these cases there is a derangement of function without anatomical changes, rarely with fever. The predisposing causes are the same as in the other varieties of diarrhea, such as improper and irregular habits of feeding and unsuitable food, bad sanitation, and hot weather. The special causes of this variety are those acting on the nervous system, prominent among which are dentition, fatigue, exhaustion, and especially those conditions acting upon the mother, as grief, fear, menstruation, etc. Of course, it goes without saying that the eating of fruits and the drinking of ice-water, and, in fact, of any unsuitable article of food, are prolific causes of diarrhea in children. Cases of acute diarrhea are characterized by abdominal pain, absence of fever, two or three natural passages, followed by thin and watery stools, amounting to ten or twelve in a day and night. There may be restlessness and cold, clammy skin, but there is no elevation of temperature and no vomiting; sometimes the discharges have a sour smell, but the contrary is more often the case.

Acute dyspeptic diarrhea. Dyspeptic diarrhea is produced by undigested food in the intestine, and the putrefactive changes caused thereby. If the resistance of the patient is good; the case properly managed—the cause removed, the diet regulated to the ability of the stomach to properly digest it—then the disease, being functional in character, subsides in three or four days.

Bilious diarrhea. In this form the stools are characterized by a superabundance of bile, being usually very greenish, the spinach stools of the older writers, very acid in reaction. This peculiar appearance of the evacuations is caused by bacilli, the passages being large, loose, and, as a rule, free from any characteristic odor. There is also a variety of diarrhea in which the stools show an absence of bile, being whitish or clay-colored, and often having a very disagreeable odor.

Cholera Infantum. In comparison with the foregoing varieties of diarrhea this is comparatively a rare form of the disease, but as every diarrhea in children is apt to be called cholera infantum, especially if they die, a contrary conclusion would be drawn; the clinical picture is, however, so marked that a mistake could

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hardly be made. The disease very rarely occurs in entirely breast-fed infants, and is never seen except during warm weather. It affects children from 6 to 14 months old, but age has no special influence in its relation to feeding. Cholera infantum is mostly engrafted on a mild dyspeptic diarrhea, the food given being the exciting cause. Consequently there is a rapid transition from comparative health to death's door. The symptoms comprise prostration, an elevated temperature, vomiting, purging; the stools are large, watery and incessant. They are pale, greenish yellow or brownish at first, then become colorless and almost entirely serous. At first they are acid, then neutral, and at the last alkaline. Usually they are odorless, but often become very offensive. In the later stages the fontanelle is depressed, prostration extreme, the eyes sunken, the features drawn, and a peculiar pallor spreads over the countenance; the pulse is weak, intermittent and thready; the sphincters are relaxed. The child is at first peevish, restless, tossing about here and there on its bed. Later these symptoms give place to heaviness, stupor, relaxation, coma, and convulsions close the life of the little patient.

In the management of these cases the patience, skill, and ingenuity of the physician is severely taxed as regards the choice of a suitable food. It is of the greatest importance to determine the capability of the stomach to thoroughly digest the food selected, for therein lies the keynote to success. Alimentation is the chief aim in all these cases, and sometimes after running the gamut of sterilized milk variously diluted, condensed milk, the various prepared foods on the market, it frequently will be found that nothing apparently agrees, and we are forced to suspend feeding for a space of twenty-four hours, and then try chicken broth, or something of this kind. In the matter of clothing it is my custom to have the child simply clothed in its night gown of muslin, keeping it as cool as possible in the coolest room in the house, and, if fever be present, supplementing these measures with frequent cold water baths. Bad hygienic surroundings must be remedied, the utmost cleanliness maintained at all times, the diapers changed the instant they become soiled, and the child kept scrupulously clean from the evacuations.

As regards the use of drugs, I have been led, on the ground of an experience of thirty-eight years' practice in a large city, to limit myself to but a few. Contrary to the views of some authors, I believe that pain in these little patients, if persistent, must be relieved by opiates of some kind, tinct. opii camph., Dover's powders, or heroin, for pain in these cases will of itself quickly exhaust the child and contribute to the fatal termination. As regards the use of other drugs, my materia medica has been much simplified by the introduction of tannigen, from which I have obtained the greatest success, both as to promptness in effect and in forestalling the serious complications. In some I find it necessary to give a few doses of calomel or castor oil before commencing the use of the astringent; but usually when called to these cases the bowels have been pretty well evacuated and the main indication is to arrest the profuse and exhausting discharges. Bismuth and sulpho-carbolate of zinc are also two remedies which I use frequently. The following are taken from my notes of cases occurring last summer.

Case I. Flora W., aged 8 months; functional diarrhea. Artificially fed. Pulse good; temperature normal; tongue whitish fur; stools very frequent, smelling sour, principally mucous. The treatment consisted in changing the diet from condensed milk to sterilized milk, and I ordered the child to be put to bed, as she was crawling around. I ordered tannigen, 1 grain, every four hours, in a little water. I called the next day, and found the patient better; the passages fewer in number, with more consistency to each movement. On the following day she was up and about, having had but one movement, which looked healthy. I ordered the powders to be continued every 6 hours for the next 24 hours,

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with injunction to inform me of any further trouble.

Case II. Fred. L., aged 5 months, nursing. Diarrheal passages very frequent, as many as 20 in the day; some pain before each motion. Stools dark brown, sour smelling; abdomen somewhat distended; pulse fair; tongue foul; temperature normal; child somewhat restless. Treatment, dose of castor oil; sterilized milk instead of mother's milk, as the latter was thin and poor in quality. After the oil had operated, I ordered pulv. Doveri, ½grain; tannigen, 1 grain; to each powder, to be given every three or four hours, as required to control the pain. I called the following day and found the patient improving; the evacuations not so frequent and the pain less. At my next visit the patient was so much better that the case was discharged cured, and I heard no more of it.

Case III. Albert S., aged 1 year, was seen by me August 14th. The child had been partially weaned, but the mother continued to nurse him under the idea that by so doing it would prevent her becoming pregnant. The child was feverish, restless, and had colicky pains at intervals. The abdomen was distended with gas, the tongue coated; the evacuations frequent, thin, containing particles of undigested food, sour and stinking. Temperature, 100°; pulse weak. Diagnosis: Diarrhea caused by indigestion. Treatment: I ordered castor oil, and after the bowels had moved I gave bismuth subnitr., 4 drachms; lacto-peptin-1 drachm; tr. opii camph., 5 drachms; creta prep., 2 drachms; aq. cinnamomi et. aq. dist. āā 1½ ounces. One teaspoonful every four hours. August 15th the child was about the same. I ordered Valentine's beef juice to be given to the exclusion of everything else, and the patient to be kept as still as possible. The evacuations were as frequent as the day before. August 16th, the general condition was worse, the evacuations on the increase; pulse weaker if anything. I now changed medicines by ordering tannigen, 1½ grains; pulv. Doveri, ½ grain, to each powder; one powder every four hours in water while awake. August 17th the child had quite perceptibly improved; temperature normal; pulse better; tongue cleaning. The medicine and diet were continued without further change. From now on the patient steadily improved, and made an uneventful recovery.

Case IV. Mary C., aged 11 months, an office patient. Mother gave the history of the case as one of diarrhea for four days. Occasional vomiting; evacuations occurring at the rate of four an hour, and of an intense green color; recurring attacks of pain. Treatment: Mellin's food as a diet. Calomel, grains 1-10, every hour; tr. opii camph., 5 drops, every four hours in water. This case was seen on August 20th, for the first time. August 21st, the pain was relieved, and the mother said the child was not so restless as before. I instructed the mother to bring her again August 22d, at which time the conditions were about the same. I gave sulpho-carbolate of zinc, under the use of which the color of the stools changed from green evacuations to a normal color, but were still too frequent. I therefore gave tannigen in appropriate doses, when the evacuations steadily decreased to twice daily, so that by August 25th, the last visit, all evidence of her trouble had disappeared.

Case V. Fannie H., aged 13 months. Diagnosis: Cholera infantum. She was artificially fed, for it is exceedingly rare to find this disease in a breast-fed infant. From the history of the case the disease seemed to have been engrafted on a mild dyspeptic diarrhea. The patient was seen by me August 20th, when she had great prostration, cold, clammy skin, rising temperature, vomiting and purging, everything in the nature of food or drink being immediately rejected. The stools were large, frequent, and watery, almost like rice-water, and occurring very frequently to the number of 15 in 10 or 12 hours. In fact the child did not seem conscious when the motions occurred, owing to the relaxed condition of the sphincter muscle. At first the stools were acid, then neutral, and at last alkaline; they had no particular odor in this case, but sometimes the odor is exceed-

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ingly offensive. The loss of weight was astonishing; the fontanelles were depressed; the eyes sunken; the angles of the mouth drawn down.

Treatment: Food is of the utmost importance in the management of these cases. Milk is generally the best, but often nothing will stay on the stomach, not even lime-water and milk, although the latter will agree even when everything else is vomited. This last was the only thing that was retained by her. There are four indications that must be kept in mind in the treatment of these cases: First, to strengthen the heart and sustain the system; second, to reduce the number of evacuations; third, to reduce the temperature and allay nervous excitement. The majority of the indications were met by giving hypodermic injections of morphin and atropin (morphin, 1-100 grain; atropin, 1-800 grain), at my first visit, going to the house every four hours for that purpose. August 21st the same treatment was pursued, with the addition of a bath of 100° hourly, gradually cooled down to 80° or 85° with ice. This seems to me the best way to reduce fever, as antipyrin and antifebrin, and, in fact, all drugs of this class, are worse than useless. Sometimes a sponge-bath every half hour or oftener seems to have the desired effect of reducing the temperature at times. A rectal tube introduced high up and ice-water injections are a valuable auxiliary to the baths. August 23d the vomiting had ceased; diarrhea less frequent; fever ranging from 101½° to 104°; skin more natural; pulse a little fuller; skin less clammy. Champagne was given in small doses every hour, and was retained. The other treatment was continued. August 24th, no particular change; temperature 99°; peptonized milk was ordered in place of the white of an egg and water, which had been given since the previous day, and was retained when taken in small quantities every one-half hour. As the diarrhea was now the most important condition that had not materially changed for the better, the morphia and atropia were discontinued, and tannigen in one-grain doses was given every four hours; the other treatment continued as before. August 25th, slight improvement. Pulse a little fuller; skin slightly warmer. August 27th, no change from yesterday. August 28th, temperature 99°. The baths, which had been given at longer intervals, were discontinued as well as the ice-water injections; otherwise the treatment remained the same. August 29th, evacuations reduced in number; general condition about the same. I ordered the child to be taken to the country, which was accordingly done, where the treatment was continued, and the treatment went on to an uneventful recovery.

In these cases tannigen was chiefly used to control the evacuations. This it has done promptly in most of the summer diarrheas that have come under my care, numbering several hundred during a season, and it has succeeded where bismuth subnitrate and the various other remedies usually recommended for this class of diseases have failed. Professors Einhorn and Hemmeter in their textbooks speak favorably of its use in diarrheal affections, and my own experience has led me to give it a prominent place in the treatment of these cases.

Free Water-Drinking Never Associated with Poor Vision.

To The Medical Council:

During the past few years my attention has been called to the value of water-drinking for the benefit of eye diseases. All my eye cases dislike to take water. Particularly have I noted those persons fond of drinking water have not needed treatment. I should be pleased to learn your experience.

W. H. Bates, M. D.
567 Park Ave., New York.

[This is most interesting. We invite our readers to observe the relation between water-drinking and the quality of eyesight, and report to us or directly to Dr. Bates. We wish our readers would make general inquiry in this manner on points which they are studying.—Ed.]

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Reform in Medical Education.

By J. W. LOCKHART, M. D.
St. John, Wash.

The editor of THE MEDICAL COUNCIL deserves the hearty congratulation of the entire medical profession for his hard, common-sense remarks on "The Cramming *vs.* the Reasoning Process in Education." But he has by no means exhausted the subject, and I, for one, would like to see the thoughts of many on this subject in the COUNCIL during the next few months. An opportunity for a great reform in medical education now presents itself, and if the COUNCIL will lead the charge against the present cramming system, great good may be accomplished. It is not alone in medical education that reform is needed. From the primary department of our common schools to the end of college life, the "cramming system" is in evidence. Everywhere the preparation for examinations and obtaining degrees seems to be the chief end of education. Here in Washington the school law provides for giving diplomas for all grades above the seventh. Why would it not be just as reasonable to give diplomas to all who pass the required examinations in any grade? The true end and aim of education seems to be lost in a mad struggle for diplomas and degrees.

A learned French educator is credited with the remark, that "when he was a young man they (the colleges) prepared pupils for the business of life, now they prepare them for examinations." There is much food for reflection in that remark. The business of life is a difficult task that ends only with death, and can be made successful only by the harmonious development of all the faculties.

True Education.

True education, then, consists in the full and harmonious development of all the intellectual and physical faculties. The education that falls short of this standard, that neglects one faculty, or allows it to become dwarfed at the expense of abnormal development in another faculty, is in some degree imperfect. The struggle for diplomas and degrees almost of necessity resolves itself into a struggle for the development of memory at the expense of atrophy in other important faculties. Now a good memory is an excellent thing to have, but a hypertrophied memory and an atrophied reasoning faculty never can be successful in the business harness of life. Object-lessons demonstrating the correctness of this proposition are of almost daily occurrence. Who has not seen some highly-educated physician, a veritable walking encyclopedia of medicine, fail as a practitioner of medicine, while some so-called poorly-educated brother succeeded in the same field. Why? Simply because it is better to have a good working formula for a few practical facts, than to have all the theory in the world and a formula that refuses to be worked.

Reasons for Cramming System.

But why is the cramming system so much in vogue in this enlightened age of the world? Because there has been, and still continues to be, a large demand for it, just as there is a large demand for shoddy in the clothing business. Shoddy education that shows off well in superficial society is just as much in demand as shoddy goods for the same purpose. And just as long as the general public can be induced to look upon diplomas and degrees as signs and symbols of education and proficiency, the demand will exist. I do not object to the giving of diplomas and degrees, but I do most earnestly protest against their use in tabbing the products of the cramming system as the only full-weight and full-length goods on the market. I believe with John Stewart Mill when he says: "It would be giving too dangerous a power to governments were they allowed to exclude any one from the professions, even from the profession of teacher, for alleged deficiency of qualifications; and I think, with Wilhelm von Humboldt, that degrees, or other public certificates of scientific or professional acquirements should be given to all who present themselves and stand the test; but such cer-

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tificates should confer no advantage over competitors other than the weight which may be attached to their testimony by public opinion."

In this country the various laws enacted to make the holders of medical diplomas and, later, State licenses, the only legal practitioners of medicine have done more to foster superficial cramming in medical education than all other causes combined. Through this legal entrance to the profession, the superficial memorizer of things to be forgotten in the business of life, fresh from some cramming college, can easily pass, while the slow-plodding reasoner grasping for practical facts is denied admission.

It is now no unusual thing for medical colleges to advertise that their students will be "prepared to meet the requirements of the medical examining boards." How much better it would be if these colleges could conscientiously advertise that "students are prepared to meet the everyday exigencies of practice." Just as long as State governments demand a superficial medical education to meet the demands of superficial and often ignorant examining boards, the colleges will be compelled to supply that demand. When the State law prescribes that none but graduates of five or six-year colleges shall be allowed to practice, the colleges must advance their time requirements or quit business. So it is with the superficial technical demands of the examining boards. In their effort to elevate the standard of medical education, they become more and more technical; and the schools, in order to meet the requirement, have degenerated into colleges of technical medicine. This result, deplorable as it is, was inevitable. You might as well try to make a man a good Christian by legal compulsion as to try to make him a competent physician by medical legislation. In the very nature of things, the matter is beyond the power or possibility of State legislation. It should be evident to even the most superficial observer, that the severest possible technical examination must, of necessity, fail to determine a person's fitness to practice medicine. The most essential qualifications of a competent physician do not, and necessarily cannot, come within the province of these examinations. Then what common-sense reason is there for the existence of these examining boards? State religion and State medicine must alike be failures. It seems to me that it would be infinitely better to leave the matter of medical education to the colleges alone, and the matter of practical fitness to practice where it naturally belongs—to the people. I, for one, have learned thousands of pages of medical literature only to forget them in the *business of life.*

I have doubtless said enough to introduce the subject. I hope that the medical profession, and especially the medical press, will continue to agitate this matter until we have a more common sense medical education.

Communications.

A Danger in Dilating Urethral Stricture.

TO THE MEDICAL COUNCIL:

I have been reading the COUNCIL with considerable interest and profit, especially the genito-urinary articles. In the treatment of urethral strictures by dilation, would it not be well to caution against the use of force? I think that when decided resistance is offered the dilating instrument, the healthy tissue will probably tear before the cicatricial tissue will give way. This is especially true in old cases that have been dilated before. Scar tissue has greater tensile strength than mucous membrane, and little elasticity. Therefore, when considerable resistance is offered the dilating instrument, the healthy tissue will be the first to give way. This accident will give apparent good results for two reasons: 1st, lessened congestion due to local bleeding; 2d, increasing the caliber of the urethra, so that a large sound may be passed. But, when repair takes place in the torn healthy tissue, new scar tissue bridges over the tear, and we have a new obstruc-

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tion added to the old, bringing about the very condition we try to remove. "Dilation is a very valuable procedure, but, like other good things, it must be used with due regard to undesirable possibilities. It is well to bear in mind that a little pressure exerted on the end of the lever (the dilating instrument) will be sufficient to do considerable damage at the point of resistance.

If you think this item will be of interest to your readers, you may use it. The caution may seem unnecessary, being self-evident, yet I know several cases where it could have been used with profit to the patient. PAGE EDMUNDS, M. D.

630 Gilmore St., North, Baltimore, Md.

[The points suggested by the Doctor are well taken and should be borne in mind. The best way to treat urethral stricture is by electrolysis.—ED.]

On the Communicability of Late Syphilis.

TO THE MEDICAL COUNCIL:

I would like to ask the readers of the MEDICAL COUNCIL if there is any danger of contracting syphilis from a patient who had the disease ten years ago, but neglected treatment, and yet at present seems to enjoy good health? Will his family be liable to contract the disease by using the same household ware?

In regard to your article in the February number on schools of science, I for one will say they are useless. I have not been caught by their schemes, but have investigated their methods of obtaining money.

I enjoy the MEDICAL COUNCIL very much, and wish it continued success

Joplin, Mo. M. B. HARUTUN, M.D.

Priority in the Tincture-of-Iodine Treatment of Tonsillitis.

TO THE MEDICAL COUNCIL:

I see that Dr. Samuel Floersheim has written an article in the *N. Y. Med. Jour.*, and copied by you, on the treatment of acute tonsillitis with tr. iodine as the remedial agent. I wish to testify to its merits, as I treated my first case six years ago with tr. iodine. One year later I reported it, or rather sent a report to the COUNCIL, but for some unknown reason it did not appear. Then, again, in the May (1901) number of the *Medical World*, page 188, I reported it, and will say that I never saw or heard of it being used before that time. I don't care for the priority of the treatment, nor for any notoriety, but wish to call the Doctor's attention to my hearty concurrence in the treatment. DR. J. W. COLLINS.

Meeker, Col.

Blow Versus Brevity.

TO THE MEDICAL COUNCIL:

Medical literature nearly everywhere is padded with too many words. Too much no-account politeness.

Says Dr. S.: "I am glad to see that this subject has been handled in such a scientific manner. I wish to remark in this connection that we as physicians have great opportunities for doing good by instructing our patients in regard to such matters. The physician, above all, should be thoroughly informed upon these subjects"—and so he goes on in ten pages. I can easily put all his ideas upon half a page! Then—Ye Gods! he makes me tired!—he goes on, saying, "This is a subject which cannot be handled in a few minutes." No, nor in a few years by such a double-distilled extract of moderation.

When I hear a speaker like the above my eyes irresistably wander around for a small and moderately plastic brickbat; the air becomes suffocating. What must such a doctor be to the nerves of his patients, when fellow-physicians develop a mild type of insanity by being obliged to listen to, or read, his long-drawn-out abstracts of nothingness?

Now, Doctors, Professors, double L. D.s, A. M.s, and A. S. S.s, drop onto yourselves. Stop your nerve-irritating preambles. Get down to facts. Pith, point, ideas, brains, not mouthing, are what readers of medical literature want.

It is no fun for a reader to run a fan-mill in his brain to separate the wheat from the chaff of his readings.

DR. C. E. BOYNTON.

Los Banos, Cal.

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The Business Side

OF MEDICAL PRACTICE.

While we as physicians desire to be scientific students and practitioners of medicine, yet we desire also, for the welfare of our dependent ones and for the sake of our standing in the community, to secure a fair compensation for the services we render to our fellow-men and to society. To this purpose The Council will occasionally conduct a brief department in which may be discussed those subjects that pertain to the financial welfare of the practitioner and the profession. Ideas are solicited for this column.

The Reason for the Quack.

It was the philosopher, Thomas Carlyle, who said that all things are right because they are, meaning, that in the ordinary order of evolution, things occur in natural sequence, and are thus normal effects of precedent causes. The quack in medicine must have some reason for his being. Two occur to us that are prominent. One, the difference in therapeutics between the rational and sectarian schools of medicine, and which, by the way, should not exist if therapeutics was a science. The other cause is due to inattention or indifference. The rational school of medicine has practically cultivated but one of these, hygiene, preventive medicine. Massage, calisthenics, other exercises, mental suggestion, the various uses of water, and numerous other procedures have been better observed in the breach!

It is a sad truth that most medical men are dilatory in continuing their studies after beginning the practice of medicine, into the reasons for which it is not now our purpose to inquire. The confidence of the patient is too often abused by careless examination, deficient diagnosis, and routine therapeutics. It requires time and effort to continue the study of medicine after practice is begun, and particularly to keep abreast of the times. A man must be a reader of periodic literature and books. This requires the continued expenditure of money. To accomplish these things requires conscientious effort and the securance of fairly good fees. A man who is content with a small fee cannot secure enough money in the limited portion of the twenty-four hours allotted him for this purpose to purchase the necessary literature for study, and the implements and drugs for the application of his knowledge, that the advances of medicine now make requisite. It is a fact that the patient who goes to a doctor charging a small fee, and even then permits himself to be despoiled of it in a large proportion of instances, cannot obtain the same service that can be, and usually is, rendered by men who exact a larger fee, and insist upon having it. Osteopathy, for instance, is a combination of massage and gymnastics, with some regard to portions of the body that are generally overlooked by superficial practitioners. Thus a numbness of the arm is sometimes due to congestions in the neighborhood of the foramina of exit of the nerves from the spinal column. Here is where the osteopath gives the massage that cures a numbness that has baffled several physicians. They frequently cure where we fail, for this very reason. The Christian scientist, the divine healer, or hypnotist, or even an ordinary mountebank, cures by mental suggestion when we fail because we are too careless to realize that the patient's ailment is mental. They make brilliant cures where we frequently fail, and so we might go through the list, heaping indictment upon indictment against the intelligence and efficiency of the least qualified, as well as major, portion of the profession. Let legal practitioners throw down the barriers that separate them on differences of

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opinion in matters therapeutic, the least certain in medicine, and carefully winnow the good from every mode of treatment that claims good results. Let us weigh these carefully in a true scientific spirit, giving each its proper credit, and using it intelligently in the interests of our charges. This will cause a disappearance of the quack because there will be no place for him.

A Necessity for Political Action for the Medical Profession.

Some time ago a bill passed the United States Senate unanimously retiring Surgeon General Sternberg with the rank of Major General, and was reported favorably by the entire Committee on Military Affairs, but was defeated in the House on June 2d of this year, the most active members against it being Messrs. Cannon of Illinois and Underwood of Alabama. During the debate the medical profession, as such, and its organization were shamefully traduced. The proposed honoring of Dr. Sternberg was unquestionably merited and was equally an honor to the profession of which he is so distinguished a member. The 135,000 lawful practitioners of medicine in this country owe it to themselves and their profession to make themselves unmistakably felt against this injustice to the profession, especially with reference to the insinuations of Cannon of Illinois and Underwood of Alabama. A full account of the matter was presented to the American Medical Association at its Saratoga meeting on June 10th, by its Committee on National Legislation, a full report of which will, no doubt, appear in the official journal.

ED. MED. COUNCIL:

Some time ago I purchased one of your Pocket Account Books, and to say I am well pleased does not express it. Send me two more books for the case, for which please find enclosed $1.00.

C. J. CARSON, M. D.

Taylorsville, N. C.

On Closing a Medical Practice.

TO THE MEDICAL COUNCIL:

I have for years been a good collector and hence did not have so many long-winded accounts as most doctors. In March I mailed this printed notice to nearly all creditors:

"May 1st I shall leave for a year or more on account of health. My going is a question of 'have to,' and shall not leave my accounts as simple book accounts, hence ask you, with all others, to settle either by cash or note (this is Pennsylvania) before April 10th. All accounts not settled on that date will be left for suit.

"Very respectfully, A. M. COOK."

Most responded. A few I went to see afterwards. One woman, whom another doctor spoiled by never sending a bill, and where she owned the property and not her husband, said: "You intend to use your friends just the same as your enemies." I replied, "I have been either so fortunate or so unfortunate that most of my patients are my friends. This is merely a question of business, and I shall use all alike." She has paid part, and after a while I shall notify her that I must file it. Now they have a large income, but are extravagant.

I sued a good many. Several claimed that I had never sent them a bill, when the ledger showed like this: B. S., 1, 1, '97; B. S., 6, 1, '97; B. S., 1, 1, '98; B. S., 6, 1, '98; B. S., 9, 1, '98, etc. I had one come to trial, where they claimed that, as one of the hospital staff, I was not entitled to pay, although she was a private patient, in private room, and I was not on duty at that season.

The class most prompt to settle were the Jews, and I have a large practice among them.

For some years it has been generally known that I expected my pay for services, that I sent bills promptly and collected close, yet with that, and much ill-health, I have helped to start several doctors on the overflow from my office. Of course, I have had my share of God's poor, and the town has grown so rapidly, 15,000 in ten years, I could not know all the new dead-beats. Since having another

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doctor in my office from April 1st, I have paid no attention to telephones at night, have quit when I had done enough, and have recovered most of my health; and because I have been a good collector I can afford to play for a year or two, and know my rents will more than keep us. It will pay every physician to collect close. Some may leave for a time, but they will be back, and more prompt.

A. M. COOK, M. D.

67 Pittsburg Street, New Castle, Pa.

Jewel-weed, an Antidote to Poison-Ivy.

Nature is said to have provided a most efficient remedy for poison-ivy poisoning, in the shape of the widely-spread flower known as "spotted touch-me-not," or "Impatiens fulva." It is also called the "jewel-weed," and is very abundunt in the water courses during June and July, when the rhus toxicodendron and the rhus venenata are most poisonous. The color of the flower of the "spotted touch-me-not" is a deep orange, and the spots are of a reddish-brown. The lips form a sac, not very much unlike the moccasin flower, and it ends in a curved spur. The seed-pods burst if slightly touched, and scatter the seeds all around. To this peculiar property the plant owes its common name. It is also called "noli-me-tangere" and "N'y touchez pas." The remedy is applied by expressing the juice of the plant and applying it to the skin which has been poisoned.—*Pract. Drug.*

We respectfully solicit from our readers reports from experiences, either favorable or not, on the following subjects brought out in recent years:

Permanganate of Potassium in Opium and Other Narcotic Poisoning.

Lard Freely Administered in Strychnine Poisoning.

Free Saline Purgation in Peritonitis.

Gelatin to Check Hemorrhage.

Normal Salt Solution in Collapse.

Local Anesthesia in Larger Operations.

Yohimbine and also Echinacea as Aphrodisiacs.

X-Rays, Alcohol Injections, Thuja, for Cancer.

A report of unfavorable results is of as much value as the opposite, as it warns others not to use an unreliable remedy.

BEST IDEAS FROM RECENT LITERATURE.

For Intractable Chronic Diarrhea.

The *Gazette hebdomadaire de medecine et de chirurgie* for February 6th, citing the *Semaine medicale*, ascribes the following to M. J. Hughson:

℞ Salicine. . . . . 120 grains.
Syrup. . . . . q. s. to make 20 pills.—M.

Two pills to be taken every four hours. By this treatment Dr. Hughson has cured, in a few weeks, diarrheas extending over several years, which had proved refractory to all treatment hitherto employed.—*N. Y. Med. Journal.*

A Valuable Tonic.

Phosphate of soda combined with ergot affords favorable results in melancholia, hysteria, adynamia, and chlorosis; it overcomes the great constitutional depression of the algid stage of certain fevers. Sodium phosphate alone has been employed in the cerebral torpor of senility, but the combination with ergot increases its efficacy. The general indication for the administration of the mixture is functional debility of nervous origin.—LUTON, *Journal de Medicine de Paris.—Exchange.*

[We should like to know how this combination is so beneficial. We presume that it may be due to the effect of ergot in maintaining the arterial tension during the action of the phosphate of soda.

New Remedy for Hemorrhoids.

Dr. E. V. Hall states that he found in echinacea angustifolia (common names: purple cone-flower, black Sampson) a very efficient remedy in hemorrhoids. His first case was that of a woman, who had such severe hemorrhoids that an operation was considered the only pros-

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pect of cure. Medicinal treatment gave only temporary relief. The doctor ordered injecting into the rectum after each movement, a drachm each of the fluid extracts of echinacea and of witch-hazel. After the patient had used three injections, the hemorrhoids ceased to trouble her, and some time afterward she said she was entirely well. Since then the author has had equally satisfactory results with six other cases. As some of the patients complained that the medicine was too strong, it was modified as follows:

Fl. ext. echinacea angustifolia . .	1 oz.
Fl. ext. hamamelis Virginiana . .	2 oz.
Water	1 oz.

Of this he orders 2 drachms to be injected after each stool. The slight burning sensation soon passes away and gives the pleasant cooling effect of the echinacea.—*Merk's Archives, May, 1901.*

Mentholization of the Mucosa of Air-Passages.

By W. A. BRIGGS, M. D.
Sacramento, Cal.

[*In American Medicine.*]

Mentholization of the mucosa of the air-passages before, during and after etherization has given me such satisfaction as to impel me to submit the method to the profession at large. The method is as follows: Sprinkle a drachm of oil of peppermint or of saturated alcoholic solution of menthol in the cone; let the patient inhale of this freely for three minutes, then saturate the cone with ether and bring it down slowly over the face; after a few full inhalations crowd the cone down well and push the etherization as rapidly as is consistent with safety; continue the use of the mentholized cone through the whole period of anesthesia, replenishing the ether as usual. After the operation let the patient inhale oil of peppermint or menthol from a handkerchief freely and often until the tendency to nausea subsides.

The advantages of this over the usual method are the following:

1. Entire freedom from cough and sense of impending suffocation and comparative freedom from nausea, vomiting and retching.

2. Ease and rapidity with which anesthesia may be induced and the ease and smoothness with which it may be maintained.

3. The entire absence or marked abbreviation of the period of excitement.

4. Economy both of ether and time.

5. Profounder first anesthesia, under which minor operations may be done with more certainty.

6. Probably less post-operative nausea and vomiting.

A Cheap, and Effective Antiseptic.

"Take pure gum camphor and pure white crystal carbolic acid, and by trituration make a saturated solution of the camphor in the carbolic acid. I do not know what the result is chemically, but we have a clear, heavy, oily liquid, with an aromatic, pleasant, camphoraceous odor. When made correctly it is perfectly bland, not toxic, and, outside of a momentary stinging, is non-irritating. In fact it is quite a local anesthetic, and is the best of all-around anti- and aseptic dressings I have ever used. I have used it successfully in all conditions and classes of wounds about the body, except the eye."

So says Dr. E. L. Sharpe, of Pleasanton, Texas, in the *New Orleans Medical and Surgical Journal* of March, 1902. He cites some striking cases in favor of his claim, and says, also: "This remedy is soluble in olive oil, and for after-dressings I generally use it in solution in proportion of one in three to six of the olive oil. It evaporates on exposure to air, and the oil prevents this to a great extent, thus lessening the necessity of too frequent dressings. For burns I have found the oily solution very soothing and the remedy excellent to stimulate healthy granulation. Scarcely any odor is noticed even

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during considerable sloughing in tissues. It is a good local application in eczema, tetter, erysipelas, etc." We would be pleased to have reports on the use of this compound, and trust that our readers will give it a trial.

The Preventive and Curative Treatment of Hay Fever.

It is difficult to conceive of a more miserable creature in all the world than the hay-fever sufferer. The attack not only makes him exceedingly uncomfortable, but renders him unfit for business or the pleasures of society. Aside from the annoying and continual discharge from the nostrils, the eyes are suffused, the secretion of tears is increased, the nasal passages are obstructed, and an intense burning sensation is experienced; the latter is not entirely limited to the mucous membranes, but not infrequently involves the cutaneous surfaces of the forehead, cheeks, and nose. Violent attacks of sneezing occur, which are so prolonged, at times, as to completely exhaust the sufferer and bring on severe headache. The condition is one of utter wretchedness, and there is extreme malaise, amounting occasionally to complete prostration. The lightest duties become irksome tasks, and many an active, industrious, and useful member of society is completely incapacitated while "the season" lasts.

For years some convenient means of relief has been sought. Change of scene does very well for those, unfettered by business, who can afford to travel. But to many very worthy people a change of scene is out of the question. Naturally the greater number of the afflicted are accustomed to look to the medical profession for the help they need. But what has the medical profession actually accomplished for the permanent relief of the sufferer or the cure of his ailment? There is scarcely a sedative, astringent, tonic, nervine, or alterative drug in the *materia medica* that has not enjoyed an evanescent reputation as a useful remedy in the treatment of hay fever. Until the discovery of adrenalin, each had been as much of a disappointment as its predecessor, and none had afforded more than the merest temporary relief.

There is increasing evidence that adrenalin fully meets the indications as a remedial agent in hay fever. It controls the nasal discharge, allays congestion of the mucous membranes, and in that manner reduces the swelling of the turbinal tissues. As the nasal obstruction disappears, natural breathing is materially aided and the ungovernable desire to sneeze is mitigated. In short, a season of comparative comfort takes the place of the former condition of distress and unrest. Adrenalin blanches the mucous membrane by vigorously contracting the capillaries, and thus reduces local turgescence. It strengthens the heart and overcomes the sense of malaise so frequently a prominent feature in cases of long standing.

In the treatment of hay fever the solution of adrenalin chloride should be used. This preparation is supplied in the strength of one part adrenalin chloride to one-thousand parts normal saline solution, and is preserved by the addition of 5 per cent. chloretone. The 1–1,000 solution should be diluted by the addition of four parts normal salt solution, and sprayed into the nares with a "cocaine" atomizer. In the office, the 1–1,000 solution may be applied in full strength. A small pledget of cotton is wrapped about the end of an applicator and moistened with a few drops of the solution (1–1,000). The speculum is then introduced, the patient's head is tilted backward in a position most favorable for thorough illumination by the head-mirror, and the visible portions of the lower and middle turbinate bodies, and the septum, are carefully and thoroughly brushed. The same application is made to the other nostril, when usually relief follows in a few moments. Should the benefit prove only partial, the 1–5,000 solution may now be sprayed into both nares, and a few drops instilled into both eyes. The effect of this treatment may be expected to last for several hours. Indeed some physicians report that it is

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necessary to make but one thorough application daily to afford complete relief.

It is also recommended that solution of adrenalin chloride be administered internally in 5- to 10-drop doses, beginning ten days to two weeks prior to the expected attack. In explanation of the beneficial effect of the drug when used in this manner, the suggestion has been made that hay fever is essentially a neurosis, characterized by a local vasomotor paralysis, affecting the blood-supply of the eyes, nose, face, and pharynx, and occasionally of the laryngeal and bronchial mucous membranes. Adrenalin overcomes this condition, restores the normal balance in the local blood-pressure, and thus aids in bringing about a cure. The profession is to be congratulated that it has at last an agent that, if not a specific, fulfills the therapeutic indications more completely and with greater satisfaction than any other remedial measure recorded in the history of medicine.

The Disadvantages of Copper Sulphate in Diseases of the Conjunctiva and Cornea.

The author asserts, as the result of his experience, that copper sulphate in ocular affections is harmful, and that any of its seeming good effects may be obtained by the use of safer and practically painless means. Trachoma is most successfully treated with frequent irrigations with weak bichloride solution in normal salt.—*Dr. Cornelius Williams, in Medical Record.—N. Y. Med. Journal.*

[An important warning, very necessary to bear in mind. This should be copied and permanently placed where it may be frequently seen.—Ed.]

The Physicians' Pocket Account Book is a very plain, concise and practical system of legal bookkeeping adapted to medical practice. Space for 224 accounts, besides Obstetric, Vaccination and Death Records and an extensive Cash Account. Price of all, in a special leather case, only $1.00. Address The Medical Council, 12th and Walnut Sts, Philadelphia, Pa.

Surgical Hints.

[From the *International Journal of Surgery.*]

In passing a sound, no deviation from the median line can possibly be of service. If the sound cannot be introduced with the aid of patience and gentleness, rough methods will certainly not succeed.

[This is not a safe general rule, for a sound will often pass through the urethra by its own weight in devious ways, though holding it to the median line, as above suggested, would necessitate force to pass it through.—Ed.]

In every case of coma, whether from alcohol or any other cause, always investigate the bladder by percussion, in order to find out whether there is a retention of urine. Should this be the case, measures must at once be taken to empty the bladder. If coma is due to nephritic trouble, it must not be forgotten that the fact that no urine has been passed for a long time may be due to suppression instead of retention.

[We have only to add to this, that if the coma is of nephritic origin, and is accompanied by suppression of urine, it is well to promptly apply dry cups or active sinapisms or even blistering to the lumbar regions, at the same time that there is administered an active hydrogogue cathartic, for instance, elaterium in one-fourth-grain doses every hour. The patient may also be thoroughly sweated. This relieves the blood of poison, and the kidneys of work, while the counter-irritation relieves them of likely engorgement.—Ed.]

Cases in which there is a dribbling of urine in the bed, attended by the usual disagreeable urinous smell, can be made less obnoxious by pouring some turpentine upon the sheets, where it will not touch the patient's skin. This counteracts the odor to a remarkable degree.

[While this combination of turpentine and ammonia, for that is what the urinous

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smell complained of usually is, may have a neutralizing effect upon a certain proportion of individuals, there are many to whom the one will only prove an aggravation when added to the other. We would prefer bathing with very dilute sulphuric acid for its effect upon the alkaline urine, and a weak solution of formalin for its disinfecting qualities.—Ed.]

It is an invariable rule that, in cases of stricture, whether urethral or due to prostatic trouble, if a catheter has been passed with much difficulty, the bladder should be washed through it and the catheter left *in situ* for twenty-four hours. This will always permit the introduction of a large instrument later on.

[This is correct, but such use of a catheter makes it necessary that it should have been previously boiled for at least twenty minutes in some good antiseptic solution before being introduced.—Ed.]

When there is no retention of urine, and yet no instrument can be passed, it is sometimes well to pass a catheter as far as it will go, and then leave it in position for many hours. After some time it may be found to go through easily enough.

[Such cases are ones of spasmodic stricture, and are readily overcome by persistent, steady but gentle pressure. Sometimes it is advantageous to slightly rotate the catheter, first one way and then another. If the end is tipped with belladonna ointment, its passage will be facilitated. The same is true if there is a preceding injection of a 4-per-cent solution of cocaine.—Ed.]

While crepitus is one of the most valuable methods of diagnosing fracture, it is well to remember that in many cases, as in fracture of the ribs, transverse fractures of the patella, and anywhere when there is a detachment of processes and apophyses, this sign may fail to be elicited.

[Too much stress is generally laid upon crepitus as a sign of fracture. A better one is preternatural mobility—that is, movement in the continuity of a bone. This is easily elicited when the broken ends are separated. Both this and crepitus fail when the ends are impacted. But under these circumstances there still remains the focus of tenderness, almost always present at the time of injury, which is elicited by gentle pressure, gradually approaching the site of injury.—Ed.]

A patient with appendicitis in a severe form, who suddenly feels better, while the temperature remains high, does so, as a rule, because the tension has been diminished by the giving way of adhesions. This is a serious complication, as it implies the probabilities of impending general peritonitis, and immediate operation is usually needed in order to save the patient's life.

[A good point often overlooked, and which, in consequence, occasionally costs a life, where a better-posted, less-optimistic attendant would have suspected the real trouble, and have promptly taken the proper action.—Ed.]

In plastic operations in which a flap is to be removed we must always bear in mind the fact that these flaps will contract, and that for this reason they must be cut at least one-sixth larger than the space to be covered.

[This applies also to amputation, and, in fact, to all operations in which a certain area is to be covered with skin.—Ed.]

In septic compound fractures, the fracture itself must be disregarded at first, although some extension is advisable in order to prevent undue contraction of the muscles. The important thing is to treat the sepsis, and this can never be done successfully unless drainage and counter-drainage are thoroughly attended to.

[To this we would add only the necessity for antiseptic irrigation.—Ed.]

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Book Reviews.

THE CONCISE OBSTETRIC RECORD. Designed for systematic reporting of Obstetric work. The Systematic Record Publishing Company, Detroit, Mich. $2.00, net.

This is a large book of octavo size, composed of two-page blank forms, which, when properly filled in with the history of a suitable case, constitute a well-arranged record. At the end of each record there is over a half-page for remarks and the description of general treatment. At the end of the book there are a number of blank pages to supply space, not otherwise provided for, that may be needed. This is followed by several pages of blank summaries, each of which can be filled in at the end of a year's work to show its analysis at a glance. A final summary can be made of all the cases recorded in the book when this is full. This is followed, finally, by a series of blank pages spaced by the letters of the alphabet in proper proportion to constitute an index. We do not hesitate in giving this novel attempt at systematic work in an easily-preserved manner our most unqualified approval, and unhesitatingly recommend all practitioners of obstetrics to possess themselves of a copy to be used in every instance. It will constitute a record of enduring value, especially in the collection of statistics.

HYPNOTISM AND SUGGESTION. By R. Osgood Mason, A. M., M. D. Henry Holt & Co., New York. 12mo., 344 pages.

This is composed largely of articles that appeared in periodicals, together with such additions and modifications as were necessary to make the subject complete. It is composed of eight chapters in which the subject is ably treated from a rational scientific standpoint by a gentleman who is a master of the subject. He does not presume to write a systematic treatise upon the subject nor its therapeutic uses, but only upon such of its phases as appear to him to be otherwise of much interest and importance. He relates some very remarkable instances of veridical dreams. The chapter on "Rapport" treats most interestingly and sensibly of this subject, and shows that there is an immense field here, as there is in the entire subject of hypnotism, for future study and investigation. All in all the book is most interesting, as well as instructive and profitable, to those who have a desire to make use of the knowledge it imparts.

PRACTICAL MATERIA MEDICA FOR NURSES, etc. By Emily A. M. Stoney, graduate nurse, head nurse, and late superintendent of training school for nurses W. B. Saunders, 925 Walnut Street, Philadelphia. Octavo, 306 pages. $1.50, net.

The author aims to take up the origin, action, usage, and dosage of drugs, and the symptoms and treatment of poisoning, including the general consideration and classification of drugs in the first part of the book; a regular materia medica is arranged in the second part; while the third part contains information on poison emergencies, poisons and their antidotes, emetics, mineral waters, weights and measures, a tabulated dose list, and a glossary. What nurses want to know of the classification of drugs, preparations, doses, or physiologic actions and therapeutic uses, we utterly fail to see, though thoroughly appreciative of the mischief-making tendency of this utterly useless information. Nor can we see any reason for an inadequate ten-page glossary infinitely inferior to the cheap vestpocket medical dictionary. We see no reason why a nurse should be familiar with the table of dosage because it is not her sphere to determine dosage, for which she is in no way responsible. What she should know is the difference between a teaspoon, a dessertspoon, and a tablespoon. It is not necessary for her to know either the nature or quantity of the ingredients of a dose of medicine thus measured. That nurse is best, all other things being equal, whose knowledge of medicine in any given case is limited to the amount she is to give the patient, and how often and in what manner. It is has often been said that a good assistant never anticipates, except in the general sense in that he is ever ready to instantly supply the needs of his chief. The nurse is but a physician's assistant and a caretaker of the patient, and her duties require her to carry out the instructions of the former with the utmost faithfulness, and she gives to the latter all the sympathy that can flow from a good, noble heart. The moment the nurse arrogates to herself a knowledge and judgment of matters that are peculiar to the physician, and solely within his province, she impairs her usefulness, and is likely to become a detriment and an injury to her patient. The work is unnecessary, a a piece of supererogation, and vaingloriously silly in its conception. We venture to say that its study by a nurse will be to her disadvantage, and recommend its relegation to the limbo of many other things useless.

GENITO-URINARY DISEASES AND SYPHILIS. For Students and Practitioners. By Henry H. Morton, M.D., Clinical Professor of Genito-Urinary Diseases in Long Island College Hospital, etc. Illustrated with half-tones and full-page color plates. Pages, xii–372 Size, 9½x7 inches. Price, extra cloth, $3.00 net, delivered. Philadelphia: F. A, Davis Company, publishers, 1914–16 Cherry St.

This book is a first-class specimen of the bookmakers' art. It is brief and to the point. In many respects, it might, with propriety, have been called an epitome, so terse is the author's style—by no means a fault, in fact a rare desideratum in the books of to-day. The author evidently knows what he is talking about, and seems to bear in mind the superior value of facts over mere expressions of opinion, giving ample scope to the former, and

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wasting little time or space upon the latter. It is systematically written and arranged, and so indexed that its different parts are easily found. It is the ideal text-book upon this subject. We bespeak for it a deserved popularity among student-books, for which class, we take it, it was more especially designed, though its brevity makes it also of decided value to the busy practitioner.

A HISTORY OF MEDICINE. By Alexander Wilder, M. D. New England Publishing Company, New Sharon, Me. Price, $2.75, net.

This is a somewhat cheaply-gotten-up book of 946 pages, though a more careful get-up would largely increase its price necessarily. There is a frontespiece giving the picture of the author with his autograph, a procedure that is uncustomary, indelicate, in poor taste, and smacking of egotism, and yet it is a satisfaction to be able to see the face of the man who is talking to us. The book gives an outline of medical history, and the various sects of our profession from the earliest period to the present time, going more into detail in the account of the newer cults of the preceding century, and ending with a full history of American eclectic practice of medicine, in which are included the medical practice laws of most of the States. More than half of the book may be said to be a defence of eclecticism. To the followers of this exclusive school of practice the book is of more value than to any other class of practitioners. We should judge it would have a larger sale with the last half eliminated, because then more uniformly desirable by the broadgauge physicians who constitute the great bulk of practitioners. We know of no other work that goes as fully into medical history as does this in its first half, on which account alone it is worth its purchase price, and should be in the libraries of all those who take an interest in the past history of our profession.

HAY FEVER AND ITS SUCCESSFUL TREATMENT. By W. C. Hollopeter, A. M , M. D., Clinical Professor in the Medico-Chirurgical College in Philadelphia. Second edition, revised and enlarged. P. Blakiston's Son & Co., Philadelphia. $1.00, net.

This is a small 12mo. book of 151 pages, devoted entirely to the subject of hay fever, which it considers in a systematic manner. The author's reason for publishing the book is to make known his treatment for this condition, that has proven successful in his hands as has no other in affording relief to more than two hundred patients in private practice. He believes it to be but a local irritation within the nose from various extraneous causes, materially helped along in its production of distressing symptoms by constitutional defects and peculiarities. He sterilizes the nares daily, and otherwise treats of local and constitutional difficulties. We refrain from saying more of the treatment, preferring to refer to the book for this information as being beyond the scope of this notice. The fact of the doctor's unusual success with his treatment would appear to justify the publication of the book and to warrant its purchase.

A TEXTBOOK OF MECHANO-THERAPY (MASSAGE AND MEDICAL GYMNASTICS). By Alex. V. Gräfstrom, B. Sc., M. D. 12mo., 139 pages. W. B. Saunders, 925 Walnut Street, Philadelphia. $1.00, net.

This is a closely-printed little book with 11 illustrations, giving detailed information upon the subject of which it treats. We regret to say that it partakes of the usual cut-and-dried, mechanic, one-two-three order of works of this kind; a better fault, however, than lack of arrangement and verbosity. Like many other works of this kind, it claims to do too much, thereby inviting inattention. It does, however, very effectively call attention to and give instructions in resistance movements and the different kinds of massage. It is a useful little book, that can be satisfactorily referred to in briefer time than many of the larger and more expensive works upon this subject.

A COMPENDIUM OF INSANITY. By John B. Chapin, M. D., LL.D., Physician-in-Chief Pennsylvania Hospital for the Insane. 12mo., illustrated, 234 pages. W. B. Saunders, 925 Walnut Street, Philadelphia. $1.25, net.

This is one of the best little works upon the subject that we have seen, and is of particular service to the busy general practitioner with little or no knowledge of insanity. He divides the subject very sensibly into mania, melancholia, dementia, and idiocy, subdividing these further in a logical manner readily followed by the novice. There is an introductory discussion of the qualities of the mind. He points out that there is no sharp dividing line between sanity and insanity, and that mental disease is largely relative in its evidences, it being often necessary, in making a diagnosis, to compare the present status of the patient with his former condition. He fully impresses upon the reader the importance of not attempting to gauge mental qualities by a general standard so much as by the past normal condition of the individual. The different types are shown in very good illustrations from photographs of actual cases. A chapter on feigned insanity is important and instructive. That on morbid anatomy, by Dr. J. Montgomery Mosher, is good, of scientific value, and by a man competent in this branch. The book is a primer on insanity, and should be carefully read by the beginner in the study of the subject before attempting the mastery of a larger work. It is a most excellent little book, and we are glad to commend it in the highest terms.

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THE INTERNATIONAL TEXTBOOK OF SURGERY. By American and British authors. Edited by J. Collins Warrren, M. D., LL.D., Professor of Surgery at Harvard, and A. Pearce Gould, M. S., F. R. C. S., Hospital Surgeon, and Lecturer on Practical Surgery, England. In two volumes. Vol I, General and Operative Surgery. Royal octavo, 947 pages, with 458 illustrations, and 9 full-page colored plates. Price per volume, cloth, $5.00. Sheep, $6.00. W. B. Saunders & Co., Philadelphia.

This book consists of the contributions of twenty-seven well-known surgeons, American and English, and is composed of twenty-eight chapters. The reason for the appearance of the work is the rapid development of modern surgery, and the quickness with which textbooks upon this subject become antiquated. This alone is a good reason for a so-called system written by many authors, for a work of this magnitude could not be produced by a single man without the intervention of a sufficient length of time between its beginning and its completion as to have its first parts antiquated by the time it issued from the press. In other words, it could not be equally up to date. This book is, therefore, the collection of monographs upon surgical subjects covering the entire field of general and operative surgery. We are much pleased with the work, and consider it an excellent guide in the practice of surgery. The work is too large and extensive to admit of an exhaustive review, such as we should like to give it, and which it merits. It is a book that will supply all the needs of the general practitioner, making others of a similar nature unnecessary.

AN EPITOME OF THE HISTORY OF MEDICINE By Roswell Park, A. M., M. D., Professor of Surgery in the Medical Department of the University of Buffalo, etc Second edition. Illustrated with Portraits and other engravings. 6½x9½ inches. Pages, xiv-370. Cloth, $2.00, net. The F. A. Davis Company, publishers, 1914-16 Cherry Street, Philadelphia.

This book is based upon a course of lectures, and is, as its title says, an epitome of medical history, embodying more particularly the biographies of the older masters, or what might be called the forefathers, of medicine, such as Esculapius, Hypocrites, Herophilis, Erasistratus, Celsus, Galen, Paulus Æginetа, Sylvius, Vesalius, Eustachius, Fallopius, Fabricius ab Aquependente, Ambroise Paré, Paracelsus, Harvey, Malpighi, Willis, Sydenham, Boerhaave, Darwin, Mesmer, Bichat, Scarpa, Gimbernat, Pott, Hunter, the Bells, Smellie, Haller, Vicq d' Azyr, Jenner, Bernard, Hahnemann, etc., through a large list. There is, more especially, a history of medicine in which is considered the many things to the credit of the professional work done in this country. The work is a first-class specimen of the publishers' art.

The defect in the work is its epitome style, leaving one, as a rule, dissatisfied with the inadequate information it gives. One also misses the absence of the philosophic study of analysis of medical progress through the centuries, and the study of the contemporaneous modifying causes of medical development. This we attribute to the busy life of the author, and possibly, also, a mental disinclination for this kind of work. We would suggest the interposition in smaller print of greater detail and transcendental study in future editions of the work, though it double the cost. The book contains the foundation for the best work upon the subject with which we are familiar, which it is not by any means in its present abbreviated form. It is a necessary work to the student of medical history, who cannot afford to be without it.

The June number of the *Southern California Practitioner* (Los Angeles, 10c. per copy) contains a valuable symposium on Tuberculosis, giving papers on "History," by W. W. Beckett; "Electricity in Its Diagnosis and Treatment," by A. Soiland; "Prevention," by Hill Harking, of U. S. Marine Hosp. Service; "Pathology," by S. P. Black; "Tuberculosis of Nervous System," by J. H. McBride; "Of the Ovaries," by J. R. Haynes; "Of the Skin," by R. Williams; "In Childhood," by F. M. Pottinger; "Adenitis," by A. S. Parker, and many other interesting papers.

WORTH ITS WEIGHT IN GOLD.

This is what Dr. Abbott, editor of the *Alkaloidal Clinic*, says in the quiz columns of his journal for August, 1902, in reply to a question regarding a book on BUSINESS for Physicians:

"Dr. J. J. Taylor, of the *Philadelphia Medical Council*, published a book on the Business Aspect of the profession which is WORTH ITS WEIGHT IN GOLD. I havn't heard of it recently and it may be out of print. Write to the doctor and ask about it."

We thank Dr. Abbott very much for his kind words regarding the book, and take this opportunity to inform the profession that this book is ***NOT out of print***, and that we still have a LIMITED number on hand, which we will supply as long as they last at 50 cents. This book is not for sale by anyone other than *The Medical Council*, and after this supply is exhausted cannot be duplicated.

If the BUSINESS end of practice puzzles and worries you, this is the book you WANT.

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Useful Notes.

PUB. MEDICAL COUNCIL:

Please send another copy of Physicians' Pocket Account Book to fit leather case. Enclosed find 50 cts. Please send at once, as I want to transfer my accounts for July 1st. I find it indispensable in my book-keeping.

Langhorne, Pa. J. B. HERITAGE, M. D.

Reed & Carnrick, 42 Germania Avenue, Jersey City, N. J., have issued a very handsome and interesting booklet, entitled "The Baby's Care in Health and Disease," by Edwin Leonard, Jr., M. D., of Boston. Each physician should have a copy. In this connection we wish also to call attention to the excellent work they are doing in their Analytical Laboratories, examining specimens of urine, sputum, scrapings, etc., for physicians, and reporting the findings. Send for their Table of Diseases of Kidney and Urinary Tract.

To Prevent Mosquitos Biting.

℞—Oil tar . . . . . 1 oz.
Olive oil . . . . . 1 oz.
Oil pennyroyal . . . . . ½ oz.
Spt. camphor . . . . . ½ oz.
Carbolic acid . . . . . 2 dr.
M. Sig.—To be applied occasionally.

Seasonable Suggestion.

Digestive disturbances so prevalent at this season, and followed by diarrhea, cholera morbus and cholera infantum, demand prompt attention and treatment. Hayden's Viburnum Compound (genuine) administered in drachm doses in hot water not only corrects the existing condition, but is a pronounced antispasmodic, and relieves the severe pain always accompanying these cases. This excellent remedy is manufactured by the N. Y. Pharmaceutic Company, Bedford Springs, Mass.

During an operation at St. Elizabeth's Hospital, Belleville, for removal of a huge sarcoma of the neck, Lanphear, of St. Louis, accidentally made a longitudinal incision in the internal carotid artery. Hemorrhage was, of course, furious for an instant, but was controlled by finger-pressure until the wound was closed with catgut sutures. The loose connective tissue of the region was sewn tightly around the point of injury to reinforce the stitches of the vessel-wall. The patient (a man of 63 years—hence the suturing instead of ligation) recovered without a bad symptom.—*Amer. Jour. of Surg. and Gynecol.*

English Pronunciation Puzzles.

The perpetual puzzle of English orthography is well set out in these verses:

There is a farmer who is YY
Enough to take his EE,
And study nature with his II,
And think of what he CC.
He hears the chatter of the JJ
As they each other TT,
And sees that when a tree DKK
It makes a home for BB.

A showman to the jungle went,
And caught a fierce young gnu.
Said he, "I'll teach him to perform
And sell him to the Zoo."
This man was very much surprised,
And quite delighted, too,
For, lo, each quick and novel trick
The new gnu knew.

—*London Express.*

The following refers to a professor of Materia Medica in one of our large eastern schools:

"Dr. L. B., in opening a small chancroid, slightly cut his index-finger. The injury was of such small apparent consequence that no attention was given the wound. In two days inoculation was manifested, and in four days the entire arm to the axilla was involved. Free incisions were made with little benefit. On the advice of a brother practitioner, Antiphlogistine was applied, covering the entire arm. At the end of twelve hours the dressing was removed and the inflammation had subsided. Antiphlogistine was not again immediately applied, but, the pain returning, hot application of bichloride solution was used, but with no abatement of pain, and the inflammation was again most rapidly assuming control. A second resort to Antiphlogistine was then decided upon, with most happy results. The arm again under this treatment assumed its normal condition, and all traces of the virus disappeared."—*Internat. Jour. of Surg.*

For literature, etc., address Denver Chem. Co., 451 Washington St., New York. Mention COUNCIL.

Martha, the colored washerwoman, was complaining of her husband's health to one of her patrons. The *Christian Register* reports the dialogue: "He's ve'y po'ly, ma'am, ve'y po'ly. He's got dat exclamatory rheumatism." "You mean inflammatory, Martha. Exclamatory is from exclaim, which means to cry out." "Yes, miss," answered Martha, with conviction, "dat's what it is. He hollers all de time."—*Life.*

Acute Gastro-enteritis.

In the treatment of cases of acute gastro-intestinal catarrh, due to indiscretions in diet, and attended especially with nausea, vomiting, diarrhea, and abdominal pain, good results are secured in the clinical service of Dr. Eshner from the employment of the following formula:

℞—Ext. hematoxylon . . . . 2 drachms
Aromatic sulphuric acid . 2 fluidrachms.
Camph. tinct. opium. . . 3 fluidounces.

M. Sig.—A teaspoonful every three hours, if the bowels are moved that often; at longer intervals, if the bowels are moved less often.—*Philadelphia Polyclinic.*

A physician writing to Messrs. Armour & Co., recently, said: "I am highly pleased with the action of your Red Bone Marrow. It is the best agent for rebuilding after serious illness that I have as yet found."

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Beauty Bath Salt.

The following preparation for health and beauty is said to be used by Sara Bernhardt and many other professionals: "One ounce, each, of spirits of camphor and ammonia water to one gallon of water; add common table salt to saturation. Use one tablespoonful of the solution to a bowl of water for a sponge-bath."

Doctor, do you smoke? If not, do you not often give advice to patients who do? Please see the full-page adv. of the Flower Health Cigar Co., Detroit, Mich., regarding their cigars, from which the poison—nicotine—has been extracted. Made in a model factory, under good sanitary and hygienic conditions. Write them for information.

Among the most popular novels of the present season, is one entitled "The History of Sir Richard Calmady," by a daughter of the late Charles Kingsley—a lady presumably of the highest culture, and certainly of more than average intelligence. The hero of the story is described as having come into the world beautiful and perfect in body, with the exception of his lower limbs, which were crippled and monstrously deformed as the result of a maternal impression, his mother having listened at the door while his father, whose legs had been crushed by a fall from his horse, was undergoing amputation in the next room. The child, we are told, was born—"with his feet set right up where his knees should have been, thus dwarfing him by a fourth of his height"—*a few days* after the accident. Within those few days, therefore, a quadruple amputation must have taken place *in utero*, the legs have been disposed of in some inconceivable way, and the feet secured, by a thorough union of tissue, etc., in their unnatural position. Well, to borrow a remark of Mr Squeers, "It only shows what Natur' can do, sir. She's a rum un, is Natur'!"—*Med. Times*.

I am thoroughly satisfied with the results I obtain from the use of Peacock's Bromides. I prescribe them with much confidence, and, while I have seen others said to be "just as good," I do not tolerate them, but consider this a splendid recommendation for the preparation.

Braymer, Mo. H. A. SCHRAEDER, M. D.

"Sander & Son's Eucalyptol" is invaluable in inflammations of the mucous membranes and in all septic and infectious diseases. Sample and literature gratis through Dr. Sander, 88 Lincoln Ave., Chicago, Ill. Meyer Bros. Drug. Co., St. Louis, Mo., Agents.

Triacol (Alpers) is a wonderful remedy in diseased conditions of the throat, bronchi, and lungs. The benefits are quickly apparent. For literature, etc., address Alpers Chemical Co., 47 W. 31st St., New York. Mention COUNCIL.

Doctor, are you acquainted with the properties and uses of the Compound Stearates and their many combinations? This interesting chapter of inorganic chemistry, *materia medica*, and therapeutics is well set forth in a booklet, which will be sent to those interested by McKesson & Robbins, New York. Mention MEDICAL COUNCIL.

A Contribution to the Therapeutics of Anemic Conditions.

By Dr. HERMANN METALL,
Assistant Physician to the General Polyclinic, Vienna.

[*From Medicinisch-Chirurgisches Central-Blatt, Vienna, Austria, January, 1902.*]

In the medicinal treatment of the various forms of anemia, whether it be essential chlorosis or the so-called secondary forms arising from severe loss of blood and various diseases (tuberculosis, cancer, etc.), iron has always occupied the most prominent place. In the management of chlorosis, especially, the chief object is the administration of an adequate quantity of iron, since upon this depends the success of all treatment. As to the manner in which iron acts in anemic conditions, that is a secondary matter. Whatever be its mode of action, it remains an empirical remedy and yet one of incontestable value.

According to the unanimous opinion of many authors, the effect of iron in chlorosis cannot be replaced by alimentation. Reinert, Klein, Immermann, Ensli, and others, have shown that typical chlorosis cannot be cured in any other way, even by forced feeding. Some of them have made a series of very careful experiments for this purpose, and reached the remarkable result that during superalimentation, extending even over a number of weeks, the quantity of hemoglobin in the blood increased scarcely a few per cent., and remained permanently at this level. That this is actually so we daily convince ourselves in cases of chlorosis in girls of the wealthy classes. These girls, if placed on a full diet, accumulate more fat, while the chlorosis remains practically unaffected—it requires iron. The dietary therefore plays a subordinate part in the therapy of chlorosis (Klein), and is to be regarded only as an important adjunct to the treatment.

I will now devote a few words to manganese, which is employed in combination with iron in some ferruginous preparations for the treatment of anemia. Hannon already directed attention to this metal, which is a constituent of healthy blood, and which besides iron has an important bearing on the absorption of oxygen by the blood In fact, experiments have shown that anemic conditions are most successfully treated with iron in connection with manganese. Chalybeate medication is materially aided and promoted by the addition of manganese. Efforts have therefore been made to introduce combinations of iron and manganese into therapeutics.

After laborious attempts, Dr. Gude, chemist, succeeded in producing such an iron-manganese preparation, which is easily absorbed by the entire intestinal tract, evokes no concomitant effects, and, as is illustrated in the following histories of cases, has proved an excellent remedy for the formation of blood. The preparation referred to is Pepto-Mangan (Gude). It contains iron and manganese in an organic combination with peptone, and is a clear fluid, resembling dark red wine, of an agreeable, non-metallic, non-astringent taste.

The advantage of this preparation is that it exerts a stimulating effect upon the blood-forming organs, these being excited to greater functional activity, and that the favorable effect manifests itself even within a short time by an increased oxygenation of the blood. At the same time, this chalybeate, as already mentioned, causes no diges-

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tive disturbances and does not injure the teeth.

In regard to the daily dose of iron, Quincke maintains that it should range from ¼ to 1½ grs. of Fe. Most clinicians prescribe commonly 4 grs., which considerably exceeds the maximum dose recommended by Quincke. Some of them, like Niemayer and Trousseau, give even 7 grs. of metallic iron daily; hence Pepto-Mangan (Gude) should be prescribed in doses of one tablespoonful three times daily for adults, and one teaspoonful twice daily for children up to twelve years, after meals. Sour, fatty foods and red wine should be avoided during its administration. The preparation is much relished by all patients, and it is my custom to administer it to children in water, or, better, in cold milk with the addition of sugar, in which form it is very palatable.

[The Doctor quotes a series of 23 illustrative cases showing the benefits of the above outlined treatment.—ED.]

Summer Diarrheas of Children and Their Treatment.

By M. A. AUERBACH, Ph. G., M. D., New York City Medical Inspector, Department of Health.

Three forms, more or less distinct, can be recognized, viz., acute dyspeptic diarrhea, cholera infantum, and acute entero-colitis.

Acute Dyspeptic Diarrhea.

This disease is chiefly due to errors in diet, which do not necessarily consist in the substitution of unnatural foods for the mother's milk. The mother's milk may be altered in quality by emotional causes, by improper food and improper hygiene. Or it may be caused by over-frequent nursing. More often, however, it is caused by the ingestion of unnatural foods.

There are also predisposing influences which facilitate the action of the exciting causes. These are especially dentition and the extreme heat of summer.

The prognosis among the better classes is commonly favorable, but among the weak, puny, and half-starved children of our lower east side large numbers perish, especially during the summer months.

The old-time treatment in these cases was a primary purge, calcined magnesia, or castor oil. After the purge, bismuth subnitrate or prepared chalk was given. Since the introduction of Glyco-thymoline (Kress) the above-mentioned methods have been cast aside. A very good and effective prescription, which has given me most splendid results in this kind of cases, in conjunction with a carefully-restricted diet, is:

℞ Bismuth subnitrate . . . . . ʒj
Deod. tr. opium . . . . . ♏x
Glyco-thymoline . . . . . ʒij
Rose water . . . . . q. s. ad. ʒiv

Misce et Sig.—Drachm j every three hours for a child one year of age.

Cholera Infantum.

A variety of acute catarrhal enteritis of intense severity, corresponding in symptoms and course to cholera morbus in the adult, but more serious in termination. Prognosis in these cases is at best not very favorable, although recovery is not impossible.

Treatment of these cases is of quite a different nature from those above mentioned. In the first place the fever must be combated, and I know of no better method than a bath containing some Glyco-thymoline, at about 80° F., reduced by adding small pieces of ice to 70° or 65°. Next, to reduce pain, 1ooth of a grain of morphine sulphate can be administered to a child of one year. Stimulation with strychnia hypodermically, iced champagne to prevent vomiting, brandy, whiskey, and other stimulants.

One of the best methods for irrigating the large intestine is by introducing a small soft catheter through the rectum and injecting into the bowel about a pint to a pint and a half of warm water containing about 25 per cent. of Glyco-thymoline. This I find removes and prevents the reaccumulation of the fermentative as well as the putrefactive products of the bowel. Should, however, the hyperpyrexia continue, the douche may be given at a lower temperature. During convalescence great care must be taken in the feeding of the patient.

Acute Entero-colitis

is an affection of inflammatory nature more severe than dyspeptic enteritis, chiefly of the ileum and colon, affecting especially the lymph follicles. This like the preceding is a disease in the hot months of summer, and the period of teething especially. It is produced by the same causes as dyspeptic diarrhea. It is most frequent between the ages of six and eighteen months. It likewise may be a termination of dyspeptic diarrhea, or of cholera infantum.

Treatment.

The general surroundings and hygiene necessarily play an important part. The medical treatment, however, is somewhat different. Anodynes are more imperatively demanded because there is greater suffering, and depletion may be needed in the beginning, by salines, though good judgment is required because the child's strength must be watched. The colon should be flushed with a solution of Glyco-thymoline having a strength of 25 per cent. This I find answers admirably in these cases. The solution may be made with iced water. The coming teeth should likewise be watched, and the gums be scarified whenever required. [The author here reports several successful cases illustrating the above treatment.]

A Literary Curiosity.

Why all this toil for triumphs of an hour?—*Young.*
Life's a short summer—man is but a flower.—*Dr. Johnson.*
By turns we catch the fatal breath and die;—*Pope.*
The cradle and the tomb, alas! how nigh.—*Prior.*
To be, better far than not to be.—*Sewell.*
Though all man's life may seem a tragedy;—*Spencer.*
But light cares speak when mighty cares are dumb,—*Daniel.*
The bottom is but shallow whence they come.—*Sir Walter Raleigh.*
Thy fate is the common fate of all;—*Longfellow.*
Unmingled joys here no man befall;—*Southwell.*
Nature to each allots his proper sphere.—*Congreve.*
Fortune makes folly her peculiar care.—*Churchill.*
Custom does often reason overrule,—*Rochester.*
And throw a cruel sunshine on a fool.—*Armstrong.*
Live well; how long or short permit to Heaven,—*Milton.*

(Continued over next leaf.)

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On the Diminishing Fecundity of Women in This and Other Countries. Cause and Remedy.

Dr. Geo. J. Engelmann, of St. Louis, in a paper before the Gynecologic Section of the American Medical Association, in St. Paul, Minn., in June, 1901, called attention to the increased frequency of miscarriages and divorces, and the diminishing fecundity of American woman. In abstracting the paper, the Annals of Gynecology and Pediatry credits him with the following:

"Sterility, undoubtedly increasing everywhere to some extent, hand in hand with the well-known decrease of fecundity, has increased to an alarming extent in the United States as fecundity has diminished more rapidly than in other countries. From a sterility of 2 per cent. in the eighteenth century and a fecundity of five children to the marriage, conditions better than in any other country, and such as led to the Malthusian theory of superfecundation, to the fear of over-populating of the earth, we have come after a lapse of one century to the other extreme—a sterility greater and fecundity less than that of the women of any other nation, unless it be of France, who for this reason must yield her proud position of one-time supremacy and retrograde to the rank of a second-class power.

"I have called attention to the frequency of *miscarriage* and divorce as concomitant and cause of sterility, mainly to prove that barrenness is not due to physical causes, to pelvic disease amenable to local treatment, and that sterility is but too often the sequence to intentional miscarriage and the lesser methods which precede it, the prevention of conception, both of which other writers have shown to be frequent."

Dr. Engelmann very justly sees in this a decided sign of approaching national decadence, and sounds the note of warning. He suggests no remedy, at least none likely to be effective. The fact that the conditions complained of are rapidly growing despite all the well-known methods of avoidance, is proof positive that all heretofore attempted methods are inadequate to stem the world movement of diminishing fecundity. The fact of its being mostly due to prevention of conception and to the deliberate production of miscarriage, shows not alone that it is an intentional condition, but that it is caused by the more intelligent of the community, by the very ones who are in most respects the best stock from which to replenish the ranks of our departing population.

Now why is this so, and what should be done to remedy it? The answer is as simple as the remedy. Men and women are actually striking, in a quiet but effective way, for better conditions.

The incentive to marriage, in its ultimate analysis, is to secure a desirable sexual mate, a trustworthy companion, and a lifelong friend and general help-

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mate. Children are the natural result of such a union. All normal individuals have the desire for such a union, for marriage. The man is the responsible head, the breadwinner, while the wife is the administrator, the child-bearer, and the child-educator. The best and the hardest work falls to her lot, the strain of sustenance and of protection to his. An intelligent man does not hastily unite to himself the woman he loves if he is insecure in his ability to give her a reasonably good home. In his estimate of his ability he must count upon the expense of children for many years to come. Nor will a wise woman thoughtlessly tie herself up for life, even to the man she loves, if she can see nothing but stagnant poverty before her. She is self-sustaining and has no need to sell herself to a man for her sustenance, clothing and shelter. Marriage has at last come to be something nearly the union of two equals, as it should be. So much for fewer marriages.

Divorces are more frequent because of the spread of the spirit of individual independence, of the unwillingness of intelligent women to continue an undignified, a profitless, a loathsome, or otherwise unbearably objectionable union for an indefinite period, in other words, possibly to sacrifice her entire life, or its better part, to perpetuate an error. Many more women than men seek and secure divorces. Men are the greater offenders in more ways than one. So much for the greater frequency of divorces.

Lesser fecundity in the marriage state is due to the steadily-increasing standard of living, and the unwillingness to sacrifice all social and other pleasure for the hardship and privation of rearing a family. The bulk of our men are ordinary wage-earners. They are unable to marry and beget children, and at the same time participate in the limited enjoyments and luxuries to which they have been accustomed. Ambition and hope seduce them to attempt the almost impossible. Their only mode of partial relief if the union is personally agreeable and marriage stipulations have not been seriously violated, is to curtail the number of offspring either by the prevention of conception or the production of abortion. The determined and bitter spirit in which these steps are taken by married couples is a grim index of whither we are drifting. It is the fixed, the unalterable, and growing stern determination not to sacrifice the multitudinous available pleasures of life for a sense of duty to the community. The persons who make the sacrifice are usually those who are ignorant of how to avoid it and those who do so through a conscientious sense of duty. So decided is this determination to avoid what is getting to be so commonly considered a thankless sacrifice, that women grimly go right ahead despite all the danger of chronic invalidism or even death rather than assume the burden of motherhood for a father and a community that will not and cannot give any additional help. So much for prevention of conception and abortion.

The remedy is simple. Avoid the cause. First, by constant watchfulness and suitable legal restrictions, from time to time as needed, limit the "special-privilege" possibilities of certain classes to unjustly amass great fortunes of the people's wealth, by which they are able to advance to an unreasonably extravagant degree the luxurious standard of living, tempting the class of useful producers to wrong methods in trying to keep up with them. Second, by all methods of precept and example to discourage fashionable ostentatious display in private living, and to encourage a

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prudent limitation of expenditure to that which is sufficient for all the reasonable needs of the family. Third, so long as each added child means added poverty for those who precede it, efforts will prevail to prevent its coming. As we said once before editorially in the way of advice to France for the increase of its birth-rate, and which we said at the time would soon fit this and every other civilized land as well, the only way to insure a satisfactory birth-rate is to remove the sacrifice incident to child-bearing and raising. If the State will assume the cost of sustenance of children until they are self-sustaining, we venture the prediction that the birth-rate will rapidly increase. Then those who purposely remain bachelors or childless to selfishly further their own social or financial ambitions will find that they cannot thus escape their proper share of the common burden—that of sustaining a generation to succeed this That government which first adopts this course will be the first to benefit from its advantages.

More on the Osborn Treatment of Small-pox.

In a letter from Dr. T. C. Osborn, of Cleburne, Texas, in reference to our editorial upon this subject in the June *Medical Council*, he expresses his disbelief in sufficient climatic differences in small-pox to make his treatment effective in the South while not so in the North, and thinks it more likely that the seeming difference to which we called attention was due to the failure to properly carry out his treatment where it seems not to have been successful, to which we are obliged to reply that we do not know whether or not he is right, but sincerely trust, for the good of humanity, that he is. The point we made was, that elimination being more active in warmer climates, and climate unquestionably greatly modifying many diseases, it is likely, or at least possible, that small-pox may be so modified bv climatic conditions as to be susceptible to a certain line of treatment in one climate though not so in another. We are pleased to print herewith a synopsis of the doctor's treatment of small-pox, a printed slip of which he was good enough to send with his letter. This is specific information in terse form that we did not have from the doctor before, and which the large success of his treatment makes it so desirable should be in the hands of practitioners.

Rational Treatment of Small-pox.

The solution of warm or hot water is made with not less than 10 per cent. of pulverized bichloride of mercury in a half gallon of it. With a large sponge this is to be thoroughly mopped all over the body, neglecting no part of it, twice over before stopping is all the better, and the clothes pulled on while the skin is wet to disinfect them at the same time. Caution the patient to keep the eyelids closed, as the solution is severe enough to inflame the eyes if permitted to get inside of the lids.

With the peroxide of hydrogen spray the eyes, nose, lips, mouth, throat, and ears to dislodge the germs in those cavities. Internally, I give 30 grains of hyposulphite of soda in half a glass of water once a day, to disinfect the stomach and bowels and to act as a safe and gentle aperient medicine. When this course is well administered, the patient is thoroughly immunized and cannot any longer convey the contagion to any one else; and if the solution is well sprinkled on the bed and covering, and the rooms and seats treated in the same way, there will be no necessity to burn things, as is the general custom. I permit a toddy once a day and let them eat whatever they wish.

Now, if all suspects are treated in the same way, they cannot possibly take the disease, and may as well go about their ordinary business. It is best that the patient remain up and about. Confinement adds to the fever and encourages the violent itching of the disease. But after the solution is used, there is no longer either itching or odor, and no pockmarks may be expected.

Respectfully,
T. C. Osborn, M. D.

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Original Articles.

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A Plea for More Attention to Laboratory Technique as an Aid to Clinical Diagnosis by the General Practitioner.

By T. F. BEVERIDGE, M. D.
Muscatine, Iowa.

While we do not claim that the microscope should be relied upon wholly in making a diagnosis, yet in these modern times the one engaged in the healing art who is satisfied to sit down and formulate a diagnosis, or try to, by the history and objective symptoms alone in each and every case, and not avail himself of the various instruments and methods of precision, is rapidly becoming classed as falling behind the lighthouse.

The extremist in bacteriology and laboratory methods might say that no diagnosis can be made, or pathological condition established, without being verified in the laboratory by finding the particular microbe or toxine causing it. This is as erroneous as the ignoring of all laboratory methods.

Our profession, always conservative, has progressed and is progressing along safe lines, each new diagnostic method, like the various new therapeutic agents and methods advanced, finally falling into its proper place, and being utilized in its own field of practical usefulness, the separating of the wheat from the chaff being the end result of cultivated judgment and ripened experience. The general practitioner cannot do and become expert in the application of all the various diagnostic methods of all the different specialties. In other words, he cannot be his own bacteriologist and chemist wholly, for this is a department by itself. But there are some things he can do with advantage to himself and patient. All patients are not able financially to send to the laboratory for an examination to verify an opinion, and the physician does not feel disposed to bear the expense, and yet his reputation is at stake, as is also the interest of the patient.

Every physician or surgeon should therefore be prepared to make an examination for tubercle bacilli in sputum, pus, etc. This disease, unfortunately very prevalent, manifests itself in so many different ways and at all ages, and the almost only salvation the patient has being in an early diagnosis, that neglect in this respect on the part of the physician becomes almost criminal. It requires no great amount of skill to make a diagnosis when it is too late for the patient to derive any benefit. Credit is due the man who makes the diagnosis in the very beginning, and gives his patient a chance for his life. True, there may be cases where a tubercular condition in its incipiency may be suspected from the family history, symptoms, etc., and where no pathological tissue or fluid could be obtained in which to find the bacillus, and this sort of a diagnosis be fairly trustworthy, yet this detracts not in the least from the utility of the microscope.

Another practical use of the microscope is in gonorrhea. First as to making a diagnosis between specific and non-specific urethritis. A case in point: A young man presented himself with a violent acute urethritis; copious yellowish discharge. Upon examination I thought he had gonorrhea, and so told him. He protested, saying he had had absolutely no occasion to contract gonorrhea away from home. Said he had a mild attack of gonorrhea several years before, but had for a long time considered himself cured. I procured specimen of pus, examined it, and could find no gonococci. Submitted it to an expert and he could not find gonococci in it, but pus-cells in abundance. The patient said his wife was in poor health, having had a miscarriage some six or eight weeks previously. I prescribed for him in the usual way and in less than a week his discharge had entirely ceased, and he was as well as though he had never had

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a urethritis. He then asked me to see his wife. I found a young woman with profuse rather purulent leucorrhea due to discharging pyosalpinx. A typical case, with all the symptoms that go with it. There was uo history of gonorrhea in the woman. Thus we had a satisfactory explanation of the urethritis in the husband.

Secondly, with reference to gonorrhea and marriage; while it is as yet a disputed question as to whether a person once infected with gonorrhea is ever absolutely cured, but that there are some gonococci lying latent embedded deeply in his urinary tract ready to show fight should occasion demand, yet in practice the concensus of opinion, I believe, now is that a large percentage of the cases, if submitted to proper treatment and advice faithfully carried out, a later marriage does not necessarily result in infection to the innocent party. Every person having been infeoted with gonorrhea, and intending marriage, should have this event postponed until a reasonable time, say at least six months after all discharge has ceased and no cocci are found. No doubt the physician, when consulted by a young man or woman in this condition and intending marriage, is doing an act of charity if he states frankly to his patient that he will see to it that this program is carried out, and in case of refusal to comply he will notify the other party interested.

The use of the microscope in the diagnosis of diphtheria is important, especially in mixed and changing communities as in cities of any consequence. If a piece of membrane is secured the diagnosis can be made immediately, or with the modern simplified methods, by culture from the throat exudate in a few hours. There is no fad about this. Practical men who treat largely the diseases of children tell me that it has become so reliable and trustworthy that every sore throat in children should be so examined. Here, again, it is not in the case where the physician is called late, and a blind man could tell by his stick that it was diphtheria; but, in the very beginning, the suspicious, doubtful case. The physician's responsibility in this disease, like many others, is greater the earlier he is called.

The practical value of the microscope in the early diagnosis of kidney lesions is long since established.

Then there is the great field for diagnosis by blood analysis, only yet in its infancy. Practical clinicians of the foremost rank are availing themselves more and more of the advantages of blood analysis.

The corpuscle-count in the anemias; the Widal reaction for typhoid fever; the plasmodium malaria, etc. Recent experiments also would tend to show that there is some value attached to the leucocyte-count in grave abdominal diseases—as appendicitis, peritonitis with pus, etc. In acute appendicitis a high and rapidly-rising leucocytosis has been found to accompany a gangrenous condition or abscess, even though other symptoms might mask this. And *vice versa*, where the objective symptoms were marked, but accompanied by a low or normal leucocyte-count the condition found upon operation did not really justify operative interference.

Perhaps these data have not been sufficiently verified to be trustworthy, yet it shows there is a great deal of work being done along this line which would indicate that practical results will follow.

The microscope, however, is not the only pebble on the beach. A number of chemic reactions of the secretions and excretions are of importance, and the list is slowly growing.

Besides the well-known albumen and sugar tests, that for indican indicating pus, the diazo reaction as a negative test in typhoid-fever diagnosis, and the qualitative tests for the various salts of the urine in special conditions, might be mentioned.

Then the Roentgen X-ray as an aid to diagnosis in its special field, though small, is valuable.

To summarize: I believe every physician should be somewhat familiar with these various methods of laboratory diagnosis, for, by his knowledge and

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practice of them, he knows better how and when to apply them.

Lastly, and repeating somewhat, that it is out of the question for the busy man in general practice to do all of this work he should, and do it right. I believe that the time is coming, and not far hence, when every city the size of Muscatine—fifteen thousand—or larger will have a laboratory fitted up for this express purpose, the person in charge devoting his entire time to this work—laboratory diagnosis—and not engaging in practice in any of its branches, for this is a department entirely its own. In fact, some one has said that the "laboratory specialist will be the specialist of the future."

This is the legitimate field for the lady physician or lady scientist. A woman is naturally more neat and adept in the nicety of manipulations required, is more given to routine, has more patience, and tires less quickly, besides being by nature better adapted to the indoor work. Given a woman who has completed the full regular course in medicine, that she may know the practical value of her work and its application, and then specially fitted for this line of work, I believe she would win her way into a permanent and lucrative position, and be of exceptional value to the profession and public in general. No doubt if the proper scientific spirit was manifested by the twenty-five or more physicians of this city combinedly, together with the immediate surrounding villages, a laboratory of this kind could be supported in accordance with up-to-date methods.

Why is it that our larger cities like Chicago are a huge vortex, as it were, drawing in from all sides? I will answer by asking another question. How many physicians avail themselves of many of these modern methods of laboratory diagnosis outside of testing the urine for albumen and sugar? I believe very few. These patients go to the city and get this kind of an examination, and are talked to about it, and are given to understand that it is different from anything they have had at home, and that these results are positive. I believe with more attention to these modern methods of precision in diagnosis, together with the advantages of a hospital, that a less number of the easy cases would slip away. I say easy cases, for a majority of them are not the difficult cases. The wealthier class get scared over some minor ailment, and the fad is to go to the city and see a specialist and pay a big fee. The patients who are seriously ill, too sick to get away from home, we have to take care of ourselves.

Disorders of the Sexual Function in Man.

By A. H. P. LEUF, M. D.
Philadelphia.

[TWENTIETH PAPER.]

Specific Urethritis (Gonorrhea).

Specific urethritis, or so-called gonorrhea or clapp, is considered by itself because distinctively highly infectious and virulent. It is propagated with facility, I may almost say certainty, whenever its pus lies even shortly in contact with a sound mucous surface, thus differing from the virus of syphilis, which requires an abraded surface. It is supposed to be caused by the gonococcus, because cultures of this germ will induce a gonorrheal catarrh of any mucosa upon which it is allowed to reside. Furthermore, the intense, virulent, form of urethritis is almost always accompanied by this germ, and does not yield to treatment as readily as do the simpler forms of urethral inflammation, though there are exceptions to this rule and its opposite, to wit, a simple urethritis may be very severe, long enduring, and entail bad complications, while a gonorrheal inflammation may be mild, of short duration, and minus complications. But the rule is that the gonorrheal form is much the more severe and difficult to treat.

Causes of Gonorrhea.

The causes of gonorrhea are predisposing and exciting. The former have already been described in the consideration of simple urethritis, and the latter consist merely of contact of gonorrheal pus with the mucosa.

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Mode of Infection.

The mode of infection is usually by coitus, though by no means necessarily so. If syphilis can be innocently acquired, and of this there is no doubt, it is most assuredly possible to contract gonorrhea by accidental contact with infectious material without sexual intercourse. Thus, water-closet gonorrhea is by no means impossible. Nor is the habitual sarcasm leveled at claims of such origin a credit to the intelligence from which it emanates. We should not be too quick to insist that a gonorrhea is of immoral origin, when the patient knows its impossibility in his own case, for he may not have had coitus for months before. It was so with a case of mine that I distinctly recall. I do not question his veracity, for I was familiar with his sexual habits, and know him to be anything but backward in acknowledging a fault of this kind, for he is rather apt to boast of his immoral practices. In this instance he had had no opportunity of contracting the disease in the usual way, though subject to abundant opportunities of acquiring it from a water-closet seat. This, a long flaccid penis, with an unusually long prepuce, made doubly easy. It is only necessary to call attention to the fact that women may become diseased in an innocent manner by contact with gonorrheal pus brought in contact with the vulvar or vaginal mucosa in any one of the many ways readily conceivable.

On the whole, the mistake must not be made of attributing so-called gonorrhea to the gonococcus, for, be it remembered, the germ was named by Neisser after the disease. The natural inference suggested by the similarity of names is not warranted by the facts, and Neisser's naming of the germ was a presumption that should not have been tolerated. I believe that Lydston is right in viewing the specificity of urethritis, of clapp, as a germ evolutionary process, innocuous microbes gradually becoming pathogenic through local influences favorable to such a change. Such a conception of the cause of infectious urethritis will aid its effective treatment. Urethral infections, I may also add, are, in my judgment, mixed. While willing to admit the causative quality of gonococci, I also claim that other germs are capable of inducing similar inflammatory conditions.

Combined Simple and Specific Urethritis.

It is possible, and I believe common enough to cause confusion, for a simple urethritis to precede the specific form, the former appearing within a day of coitus, and the latter a number of days, say from five to ten, later. Such a combination may lead to the belief that a specific urethritis began within twenty-four hours of exposure, whereas the truth is that it came on after the usual interval, and was preceded by a urethral catarrh due to local excitation from overuse—perhaps abuse.

Pathology.

The pathology of gonorrhea consists simply in an inflammation of the urethral mucosa, often extending to subjacent parts. It usually begins a short distance back of the meatus, and may extend toward the bladder, and even into this and the other structures connected with the urethra, *i. e.*, prostate, seminal ducts and vesicles, and the other local tuboglandular structures.

Symptoms.

An established gonorrhea is readily recognized. It begins with a sense of warmth during micturition. This soon is changed to itching, and this finally to smarting. The lips of the meatus at first stick together, this being at the beginning of the urethral discharge, which is so slight that it dries at the meatus so as to cause adhesion of its lips. Soon, usually the next day, the flow is free enough to keep the lips of the canal moist. By the end of a week it has become profuse and creamy, often of a greenish tinge because of decomposed blood elements. The inflammation and discharge remain stationary for a varying period, during which time the flow is free, urination is very painful, chordee develops, and complications may be looked for at any time. Their onset is usually accompanied by diminished discharge, or it may stop altogether. It is safe to lay down the rule that the sudden easement or stoppage

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of a clapp discharge is a positive forerunner of some complication. Subsidence of the discharge and other symptoms is almost always gradual, the disease "tapering off" slowly until it is finally gone. But it may return upon slight provocation if treatment is not continued for a few days at least after cessation of symptoms.

Complications.

The complications of gonorrhea are those of simple urethritis, besides some others, and all likely to be more aggravated. Bubo is quite common, especially among dirty and careless patients. The two great causes of complications are undue physical exertion by the patient and too active efforts at local treatment by the physician.

Bubo.

Bubo is treated as already mentioned, by local applications of resolvents such as ichthyol over the glands and tincture of iodin around them. This failing, and the glandular inflammation growing, the quickest and best method of relief is by excision of the affected glands, their removal by the knife being much preferable to much longer, distressing, and expensive destruction by suppuration. Being doomed anyway, it is better to extirpate them at once in the only clean, safe, and effective manner possible.

Chordee

has already been considered. Its treatment consists in the use of sexual sedatives, keeping the bladder relatively empty, and of bending the organ downwards during erection, thus lessening the tensile strain upon the corpus spongiosum and at once stopping all pain. It can be held in this flexed position between the thighs during sleep. Aside from the pain of chordee, there is danger of rupture of the corpus spongiosum and resulting traumatic stricture.

Other Complications

have been considered in previous papers of this series, and it is only necessary now to add that they are all of an inflammatory nature and infectious. The general indications are rest and sedation, medicinal and mechanic, and the local application of antiphlogistic measures. It is well to bear in mind that urethral discharge diminishes or stops with the onset of a complication, and returns as this leaves.

Treatment.

The treatment of gonorrhea is divisible into abortive and during its progress if not checked. The latter is general and local. The

Abortive Treatment

is seldom useful, first because ineffective and, second, for the reason that patients are not seen in time. It is only likely to succeed with the use of a silver salt, and there is none better, probably, for this purpose than the old reliable nitrate of silver. As soon as slight tingling or itching and warmth is noticed in the anterior urethra, the first couple of inches of the canal may be filled with a strong nitrate of silver solution (gr. xv–℥j), where it should be held for a few seconds only. It should be followed by a solution of common table-salt, which causes the formation of innocuous chloride of silver, thus preventing any possible subsequent injury to the canal. Or, a weak solution (gr. ss–℥j) may be injected every two hours for one day. It must be stopped after twenty-four hours if the disease is not checked.

Treatment of Established Gonorrhea.

The treatment of a regularly-established gonorrhea is the same as that of a simple urethritis. Locally it is apt to be less active than in the simple forms, because energetic interference during the active stage is apt to do harm. Warm irrigation of the urethra is soothing, and should be practiced with a 1 to 5,000 potassium permanganate solution twice daily if feasible. This is effectively supplemented by the use of two or three 2-grain tablets of methylene blue per day given internally. The urethral injection that I mentioned in my preceding paper is by far the best I have used in twenty-one years, and is very effective after the very active symptoms have subsided, and

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often even during this stage. I do not deem it necessary to repeat it here. When inflammation is very active, possibly accompanied by edema of the prepuce and other integument of the penis, bathing of the organ in hot water is very soothing. The syringe should have a blunt soft-rubber tip, at least never a long one.

One of the first indications is dilution and alkalization of the urine to prevent painful urination. This is accomplished by much water-drinking and the use of alkalies, and fruits in moderation, for their vegetable acids are converted into alkaline carbonates.

Turgescence of the pudic and hemorrhoidal veins should be avoided by insuring free alvine evacuations daily, for which purpose nothing is better than small doses of magnesium sulfate (Epsom salts) before breakfast, say one teaspoonful.

I am not in favor of using diuretics unless the patient cannot be induced to drink a great deal of water. I am not partial to any kind, and think it best to leave their selection to the choice of each practitioner.

Anaphrodisiacs are often needed, especially in well-sexed individuals in whom the sexual desire is ever recurring despite the impotent condition of its special implement. These consist of the bromides, gelsemium, hyoscyamin, belladonna, and even opium especially in suppository.

Cubebs and copaiba may be given during the declining stage of the disease, while sandal-wood oil is used at once. All of these may be given in the form of their respective oils in 5 or 10-drop doses several times a day. If the stomach rebels against one it must be reduced in quantity and given oftener, or it must be discarded.

As I mentioned in the treatment of simple urethritis, the acidity of the urine should be restored as soon as it can be borne, for the reason that it is antagonistic to infectious germs.

Diet must be considered in all these cases, though not always requiring regulation. I have little patience with the restriction of a man's diet to lessen the solids of his urine when a much better plan is to dilute it. Of course, if he refuses to drink freely of water, then there is no alternative but to place him on a mild diet or let him suffer the usual pangs indescribable during urination.

Finally, medicated gelatine bougies may be used in lieu of injections. These are readily passed into the urethra, and held there by means of a hood that fits over the glans penis. They are to be had made up according to many different formulæ, and suitable for the various stages of the disease. They are not always well borne, and are open to the objection that they sometimes seriously hinder urethral drainage.

For many other points in the treatment of acute urethritis, the reader is referred to my paper upon this subject in the preceding issue, where all suggestions apply equally well to this severer form of local inflammation.

(To be continued.)

2353 N. 17th Street

[In this series of papers Dr. Leuf has considered the normal physiology of the sexual function, the various pathologic conditions, taking in order Spermatorrhea, Impotence, Prostatic Disorders, etc. Back numbers can be secured for the entire series. The next paper will consider chronic urethritis and stricture.—Ed.]

Methylene Blue and Otitis.

Prof. H. Gaudier finds a most effective method for the treatment of chronic suppurative conditions of the middle ear in the use of a 2 per cent. solution of methylene blue. The ear is first syringed out with a warm soap-and-water solution, then the patient is made to incline the head to the side for five minutes, with 15 to 20 drops of the solution instilled into the affected ear. While in this position he is required to inflate the ear by the Valsalva method to insure penetration of the liquid into the tympanic cavity. The solution used is a strong disinfectant and deodorant. Care should be taken to use the pure medicinal methylene blue, and not the dye mixture.—*La Sem. Méd.*

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Radical Cure for Broncocele.

By DEWITT R. GOOD, M. D.
Harrisonburg, Va.

Having successfully removed a large broncocele, I submit the treatment for the benefit of the readers of the COUNCIL.

Mrs. H. came to me on March 21st, to begin treatment for the removal of a large broncocele or soft goiter, which was causing her much inconvenience. It began to make its appearance when she was thirteen years old, but did not develop rapidly until after she had her first child. Internal treatment was tried for several years without any relief. Her neck measured 15½ inches over the largest part of the goiter.

The tumor was opened by a double-edged scalpel, using kelene as a local anesthetic; the fluid removed was very dark and oily. The cavity was then flushed with carbolized water, followed by curettement, removing all broken-down tissue. I used a rinsing sharp curette. After curetting away all that I could with safety to the surrounding structures, I injected two drachms of pure carbolic acid, inserted a drainage tube, and dressed the wound as an abscess. The curetting was repeated once a week until all the indurated material was removed. The carbolic acid was discontinued as soon as sloughing was thoroughly established, and then the case was treated as an abscess. General tonics were prescribed while taking treatment and for a month afterwards. She was dismissed July 1st as cured, her neck measuring 12 inches.

The Record of a Bad Burn.

By W. G. STEDMAN, M. D.
Rochester, N. Y.

H. M., Rochester, N. Y., age 19, family history good, occupation charge of a department in the Rochester Steam Laundry. Had her right hand taken into an almost red-hot mangle. All the girls in the department became excited, but luckily the foreman who was near pulled off the belt, stopped the machinery, and liberated the hand, although it had passed in as far as the wrist. The dorsal aspect was against the hot rollers, the blood was all pressed out, and the flesh burned to the bones. When I arrived, the patient was in a semi-comatose condition. The hand had the look of white wax; it and the fingers were rigid, the slightest movement causing intense pain.

Treatment.—Water as hot as could be tolerated was applied for an hour or so, then unguentine for a few hours, changing the dressings every hour. At the end of this time, the hand was suspended in a hot carbolized solution 1-40 to 1-20, cotton batting being put in the pan for the hand to recline against. The solution was kept as hot as could be comfortably borne by placing an alcohol lamp beneath the pan, this being kept up night and day for its anesthetic and antiseptic effect. It also promoted the separation of the slough, which occupied two weeks, coming off in a solid mass, leaving the first, second, and third phalanges of the four fingers and their articulations exposed. Both the dorsal and lateral aspects, the ligaments, tendons, and also the periosteum were completely gone. The bones being burned halfway through turned black, and the fingers would if permitted drop, opening the phalangeal articulations fully a quarter of an inch. Each bone could be moved separately and would drop out if hand was inverted. See photo No. 1.

The case was seen in consultation by five surgeons, all of whom were of the opinion that amputation would be necessary sooner or later.

At this time the hand was extremely painful and was taken out of the solution and dressed with the following ointment: ℞.—Orthoform, ʒj; unguentine, ℥j; which was found soothing and agreeable to patient, having tried different other remedies with less satisfaction. In a few days used bovinine and lint and applied with very good results. This stimulated granulations and prevented discharges, but was so extremely painful that this mode of treatment had to be discontinued. Morphine was administered hypodermically to relieve the pain, allay

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nervousness, and promote sleep. I then tried protonuclein special powder after the usual cleansing of the parts with a spray of hydrogen peroxide or bichloride or other antiseptics, according to the condition. I covered burned flesh and bones with the protonuclein special, and then each finger separately with strips of lint covered with unguentine and later with vaseline. Over this, cotton and thin bandages. These dressings were changed three or four times a day with most encouraging results. There was less pain, granulations became very prolific, and in a week they encroached considerably over the bare bones, fully an eighth of an inch. When granulations became too excessive I used bovinine for its astringent effect a few times, and then returned to the protonuclein special, which was more productive of granulations, and this also stimulated the exfoliation of burned bone which had to precede granulations, so that in about three months the fourth phalanges were completely covered. On the first, second and third fingers, the granulations stopped encroaching over the burned bone, while the skin continued extending over the granulations until it reached the margin of unexfoliated burned bone as shown in photo No. 2.

Continuing the protonuclein, dressing hand three times a day, the burned bone began to separate round its edges, and in a few weeks I was able to remove the burned portions *in toto* from the first, second, and third fingers. One of these pieces was 18 mm. by 2 mm.

As soon as foreign bodies were removed, the new bone, which had been forming underneath, quickly became covered with granulations, and in a few days with integument, making complete fingers. Of course, the capsules, ligaments, and tendons are wanting, and instead we have granulation tissue filling in and covering the articulations and bones.

No. 1.

No. 2.

No. 3.

DESCRIPTION OF CUTS.

No. 1 shows the hand as it appeared two weeks after being burned when burned flesh had separated, leaving the bare bones of fingers and thumb exposed.

No. 2 shows hand one week after using Protonuclein Special Powder, showing beginning granulations.

No. 3 shows hand as it looks at present time.

With the above treatment at no time did the hand become congested or swollen. Internal treatment consisted of giving calcium sulphide, bromides and calomel, and other remedies as were indicated from time to time. She was under treatment between five and six months, and it is now over a year since she was discharged well, and so far no cicatricial contractions have shown themselves. She is able to write and do all kinds of work with the hand, as is seen by a photo of her present condition.

If this case will teach others as it taught me, that we must as far as possible save the limbs of those who are dependent upon them for their daily bread, I shall feel well repaid.

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Communications.

"A Cheap and Effective Antiseptic."

TO THE MEDICAL COUNCIL:

In your August issue you make favorable mention of an article under the above caption. We have used it for the last eight or nine years and found it very efficient. We prepare it in our own office and after the following formula:

To 495 parts of pure camphor we add 505 parts of pure carbolic acid; solution instead of crystals. This, on standing a few hours, forms a limpid, bright, highly-refractive volatile fluid of a hot, aromatic not unpleasant taste, differing from its constituents, and has an odor in which camphor predominates. It is insoluble in water, which will decompose it, slightly soluble in glycerine. It is soluble in alcohol, ether, and chloroform, and the oils—animal, vegetable, and mineral—and freezes at very low temperatures.

When applied to the unbroken skin it produces no sensation save warmth, which is followed by a coldness as the oil volatilizes. If, however, it be covered with oiled silk it acts as a vesicant, accompanied by a burning sensation, which, however, does not last long, and is followed by local anesthesia. Applied to raw surfaces burning is produced, lasting a few minutes, and is then followed by local anesthesia. Experience has proven it to have antiseptic, antizymotic, germicide, and healing properties of the highest order. It is absolutely non-toxic and non-irritant. Pour it into any kind of a wound (we never use it in a body cavity) or sore and you have the finest healer known.

It may be injected into the tissues for the abortive treatment of anthrax and abscess formations. It has been thrown into the knee-joint for tuberculous affections without the slightest harmful result. For the destruction of pus loci it is superior to kreolin or H^2O^2. For compound fractures no remedy with which we are acquainted is half so good.

A traveling "pile doctor" passed through this county not many years ago selling territory for the use of a secret remedy for the cure of piles. He got as high as $300 for a county. He was no quack, but a genuine, gentlemanly doctor who had a good, sure thing and knew it. This $300 remedy was a few drops of this same camphor and carbolic acid. It may be used one part of this compound to two of olive oil, or you may use four or five of the compound alone. It cures piles. My experience with this drug is so varied and satisfactory that we keep a bottle of the homemade article always ready.

M. G. PRICE, M. D.

Mosheim, Tenn.

Camphor and Carbolic Acid.

TO THE MEDICAL COUNCIL:

I wish to say of the camphor and carbolic mixture spoken of in August COUNCIL, page 295, that I have used it in a great many cases, and it will do wonders. Applied freely to burns, it stops pain at once. Use it for cuts, bruises, toothache, lameness, and anywhere as you would any liniment. It is safe to put in the eye, if necessary. Poured on the stump of a finger after amputation, it leaves an absolutely painless wound and promotes healing.

As there is no formula given I will give mine. I usually take a pint bottle of carbolic acid and put in the space left at top an ounce of alcohol; set the bottle in warm water and heat until all is liquified. Into a 4-ounce graduate pour 1½ ounces of the acid. Cut the camphor into thin slices and fill up to the four-ounce mark. Stir until dissolved and bottle. After using this a few times you will never be without it.

I like what Dr. Boynton says about brevity; those are my views exactly.

J. T. TIBBETTS, M. D.

Hyde Park, Mass.

Now, at the beginning of the fall season, we especially desire articles relating to diseases of the respiratory tract, and conditions especially prevalent in cold weather. Let us have your helpful ideas confirmed by your last season's experience.

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Treatment of Hypertrophied Tonsils.

To The Medical Council:

I think it my duty to reply to Dr. W. H. Williams on hypertrophied tonsils. What he wrote is good and worthy of our attention. I find what he wrote in the March number (p. 94). All seems to be good but a portion of his treatment. I believe it would be "a sin and a shame" for me to cut out a tonsil, or to apply a strong per cent. of nitrate of silver.

I was in favor of cutting them out ten years ago, but I discovered my mistake. I found, by cutting them, that I destroyed that nice mucous membrane, which never is replaced.

I hope that my dear brother will try electricity. If he will take the electric needle at a high heat and puncture the tonsil in the center, or puncture in two or three places, he will find the tonsil disappear in two or three weeks. This treatment is only for chronic tonsillitis. I do not find it necessary to apply the electric needle more than once or twice, and this is almost painless.

For the acute form a poultice and internal treatment. I find it well, in most cases, to first give calomel, and a little bicarbonate of soda with it, and then give:

℞ Ammoniæ muriatici . . . . . ℥jss
Chloralis hydratis . . . . . ℥j
Mist. glycyrr. com. (or Brown's mixture) . . . . . ℥iv
M. S.—One teaspoonful every four hours to a child ten or twelve years old.

It is sometimes necessary to give aconite or ipecac.

J. R. Anderson, M. D.
Martinsville, Va.

On Sugar in Urine without Evident Cause.

To The Medical Council:

Regarding "Sugar in Urine Without Evident Cause," July issue, Dr. W. would have given a better basis for discussing his cases had he given the total amount for twenty-four hours, the spec. grav., and the amount of urea; also, had he stated the tests used and what controls, if any. Reactions simulating sugar, also actual sugar reactions may occur due to the reagent, its manipulation, or the accidental presence of sugar in the bottle containing the sample.

Thus, with Fehling's, through other constituents in the urine, deterioration of the reagent, or error in manipulation, a reaction might occur which is similar to, and could readily be taken for, glucose. In the fermentation test, some occasionally use dry yeast, which at times works accurately, but usually there is conversion of its constituents, followed by fermentation. Hence, it is not reliable, and only compressed yeast should be used.

If there is any evidence of glycosuria, at least two different tests should be made, each with the same result, before deciding positively; and if a reaction for sugar is given, then, whether there is other evidence of glycosuria or not, it should not be so marked until at least one other reliable test gives the same result.

I prefer the fermentation test, with a control in a saccharometer to affirm any of the other reagent tests, as it gives both quantitative and qualitative at one manipulation. Then, if sugar reaction is confirmed, repeated examinations should be made, as suggested by the editor of The Council, to ascertain if it is permanent, before the applicant is "turned down."

This is from my experience in several similar cases.

C. A. Button, M. D.
Holland, N. Y.

Enteric Hemorrhage Stopped by Internal Use of Gelatine.

Mercurial Poisoning Held in Check during Typhoid.

Mrs. H., age 24, was "feeling poorly," and took by mistake, for a dose of salts, a preparation containing bichloride of mercury intended for vaginal injection. Vomiting immediately followed and continued persistently, for which I was called. The mercurial poisoning was severe, but was controlled. The "feeling poorly" developed into a severe case of typhoid

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fever, the roseola extending over the whole body nearly as thick as a mild case of measles. On the fourteenth day, she had a profuse hemorrhage from the bowels, followed by two others of a less degree within thirty-six hours. Ergotine and digitalis were given, which checked it. Afterwards turpentine was also given with better effect, but still there was oozing, evidenced by a portion of the stools being black, tarry, and sticky, and by prostration. I finally made a preparation of gelatin, with water, of a consistency that would barely remain fluid at 120°, and added to it turpentine (♏ xx to ʒj), and gave of the mixture one tablespoonful every half hour for five doses, and every six hours for three days thereafter. The hemorrhage stopped promptly, and did not recur, and she rallied from the prostration.

Now this is but a single case, and the hemorrhage may have been stopped by the other remedies coincident with the administration of the gelatin. But when given the desired result was so prompt and so happy that I attributed it to the gelatin.

Incidentally, I will mention an exhibition of the effects of the mercury. All symptoms of the poisoning disappeared about the tenth day, to suddenly and severely reappear on the twenty-ninth day, on the morning of which the temperature was 99.5°, pulse 115, and general symptoms indicating convalescence. In the evening, to my surprise, I found the temperature 106.5°, pulse 200, breath fetid, some salivation, and mouth and nose very sore, followed by sloughing from the tonsils. Evidently a portion of the mercury had become deposited in some portion of the system, where it remained inert until it was suddenly reabsorbed to manifest itself again.

The patient finally made a good recovery, and was dismissed on the forty-second day.

John R. McCartey, M.D.
Fredonia, Pa.

[The doctor's reference to the possibility of the giving of gelatin and the stoppage of hemorrhage being a coincidence is sound. It is one case, and its lesson will be enhanced in value by the addition of many others. Concerning the recurrence of symptoms of mercurial poisoning, he may be right. We also suggest the possibility of the typhoid fever having had a prohibitory effect, just as the intervention of a secondary disease often temporarily abates a primary or pre-existing affection. May not the tonsillitis have been held in abeyance during the activity of the typhoid fever?—Ed.]

Three Cases of Creosote Treatment of Pneumonia.

To The Medical Council:

D. M; æt. 40; male; white; pneumonia of L. R. lobe. February 8, 1902, 3 P. M. T., 104°; P., 116, strong; R., 35. Calomel and podophyllin purge, quin. sulph., gr. iv, every 4 hours; zomakyne, gr. v, every 3 hours from midday to midnight. Expectorant mixture: Ammon. chloride, fld. ext. ipecac. and tr. hyoscyami.

9th, 3 P. M. T., 103°; P., 110, weak; R., 40, shallow; rusty sputa; ♑ gr. strych. sulph. every 4 hours in addition to the above.

10th. T., 102.75°; P., 120; R., 35; very restless. Expectorant mixture discontinued; zomakyne every 4 hours, as above. Quin. changed to 6 hours; strych. continued; commenced use of whiskey and ℞, Creosotal, ʒij; ammon. salicylate, ʒij; mucilage acaciæ, ʒiij; teaspoonful every 2 hours.

11th. P., 110,; T., 102°; R., 30. Cough easy, expectoration free, skin moist, zomakyne discontinued, other continued.

12th. 9 A. M., T., 100°; P., 90; R., 25. Passed very restless night, slept from 6 A. M. to 9 A. M. Sweat excessive. Quin., tonic doses; strychnine continued; creosotal mixture every 4 hours.

13th. T., normal. Pulse, 80. Slept well. Creosotal mixture three times a day. Syr. hypophosphites com., ʒj every 4 hours. Crisis on morning of 5th day, 2d day of using creosotal.

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G. N.; male; white; æt. 28; pneumonia two lower lobes R. side. February 17th, 5 P. M. T., 103°; P., 110, strong and bounding; R., 30. Cough incessant. Sick week prior with *la grippe*.

16th, chill.

17th, A. M. Chill; went to bed. Calomel and podophyllin purge; gtt. viij of beechwood creosote in capsule every 2 hours. Quin., gr. v, every 4 hours. Zomakyne when temperature reached 103° (family had thermometer).

18th, 19th, 20th. No change, except T., 102.5°, which was highest temperature. Zomakyne, gr. ijss, when highest point was reached.

21st. T., 102°; P., weak. Strych. sulph, gr. $\frac{1}{30}$, every 4 hours. Whiskey between. Cough not troublesome. Expectoration free, less characteristic. Creosotal in place of creosote.

22d, 7 A. M. T., 99°; rested well; 8.30, badly frightened; 10 A. M. (I saw case), T., 104°; P., 125; R, 40. T. reduced to 102° by zomakyne.

23d, 11 A. M. T., 101.5°; P., 130, weak; R., 40 to 50. Quin., creosotal continued. Strych. sulph., gr. $\frac{1}{30}$, tinc. digitalis, gtt. x, every 3 hours.

24th. No improvement; no signs of resolution; no cough nor expectoration; so add to treatment: ℞, Kali iodi., ʒss; aromat. spts. ammon., ʒj; aquæ, q. s. ℥iv. M. S.—Teaspoonful every 3 hours. Emp. cantharides, 6x8.

25th. T., 101.5°; R., 40; P., 128. Coughing and expectorating muco-purulent sputa. Treatment continued.

26th. 11 A. M. About the same. 9.30 P. M., cardiac failure, and another had passed to the great beyond.

L. M., male, white, æt. 7, pneumonia L. left lobe. February 16th. Chill, followed by high fever. Monday had a cold and felt badly; said no fever Tuesday A. M.

18th. Chill, fever not disappearing Wednesday A. M., was called 5 P. M. T., 104°; P., 125. Very restless, skin dry. Calomel purge. Quin., gr. ij, every 5 hours. ℞, Creosotal, ʒij; syrup., ʒv. M. Sig.—Teaspoonful every 2 hours. Fever mixture: ℞, Citrat. potas., gr. v; spts. ether. nitrosi, ♏v; fluid ext. aconite, gtt. ss, every 2 hours. Once a day I saw the case—morning one day, evening the next. Cough moderate, rusty sputa, skin slightly moist. T. and P. about the same each day at my visits.

22d. Add tinct. digitalis to fever mixture.

23d (morning). T. normal, discontinued fever mixture, kept up creosotal mixture every 4 hours. Quinine twice a day. Said I would not call anymore unless sent for, and it was never required.

In conclusion, I would state that moist skin, lower temperature, and desire for food were points that impressed me most. I failed to see cases terminate as early by said treatment as has been reported.

CLINTON TOY, M. D.
Mineral, Texas.

Experience Hints.

TO THE MEDICAL COUNCIL:

(1) Quinine may increase menstrual flow, if given prior to the period.

(2) Caffein in large doses may bring on menstrual flow after the same has been suspended by pregnancy and lactation.

(3) Tablets with sharp edges are difficult to swallow. Manufacturers should take this hint and make oval tablets.

(4) Several manufacturers furnish sharp-edged hypodermic tablets that get stuck in the tubes, causing delay at critical times. The writer has reminded them of this by letter, but they don't catch on, although their tablets do, and hushed profanity is liable to result.

(5) Certain manufacturers use strips of tissue paper to fill tablet and pill bottles. Sometimes it takes ten minutes' "fishing" to get these out. Cotton, if in one slender strip, comes out easily, thus saving time and temper.

(6) Sometimes a doctor should not openly notice trifles. For example: Called to a sick child. Mrs. Know-it-all is there. If she becomes your enemy, you will lose money. It is a good rule to treat her like any other woman. Be polite and attentive to every one, but not more so to her than to others; then she will respect you.

(7) A physician should praise merit in a nurse whenever he finds it, but every

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word of flattery he indulges in degrades him.

(8) Be kind and not cold. Don't be a fault-finder, but, at the same time, correct everything that needs it.

(9) If the room is close, tell them what to do to keep it aired. Do not scold because the room is not well aired.

(10) Your patient has been neglected, or your directions ignored; let them know that you are aware of the fact. Then state that your reputation is at stake, that you must dismiss the case if your directions are not followed in future, but be smiling and polite all the time.

DR. C. E. BOYNTON.

Los Banos, Cal.

Acetanilid for Chordee.

TO THE MEDICAL COUNCIL:

It does not seem to be generally known that chordee can be cut short and completely "knocked" by the use of acetanilid. I use it in the form of the ordinary compressed tablet, acetanilid comp., 3 gr.

℞ —Acetanilid . . . . . 2 1/6 grs.
Caffein . . . . . 1 1/6 gr.
Sod. bicarb. . . . . ½ gr.
M. Sig —One t. i. d.

One of my patients said that he had no erection for a week after using the first few doses. Its physiologic action is probably due to its well-known depression of the sensory nervous mechanism. Probably the more expensive coal-tar products are equally efficacious, but my experience with acetanilid is most gratifying.

WALLACE W. DILL, M. D.

310 High St., Pottstown, Pa.

[Our readers will kindly note, by trial in suitable cases, whether or not this is a general effect of the drug. We have never noticed it, but then it is readily overlooked. Early reports of cases will be acceptable.—ED.]

Courvoisier's Law.

When the common duct is obstructed by a stone, dilation of the gallbladder is rare. When the common duct is obstructed by other causes, dilation of the gallbladder is common.

Advice Wanted in a Case of Dysmenorrhea.

TO THE MEDICAL COUNCIL:

Patient aged 19, gives history of chorea, and inflammatory rheumatism, which have been cured. Present trouble has lasted for nine months. Two or three days before the menstrual flow is established, she begins to have pains in the region of the left ovary, increasing gradually until the flow is established, when the pain becomes intense, and lasts for one or two days, then gradually diminishes as the flow becomes less. The pain starts in the left ovary, and radiates down the left limb. I have made a diagnosis of neuralgic dysmenorrhea, and have treated her accordingly, but have utterly failed to arrest the attacks; I have not made a physical examination as she will not submit. Please help me out, if you can. Thanking you in advance, I am fraternally yours,

DR. J. T. M.

——— ———, Tex.

[The case is, in all probability, properly diagnosed. It is to be regretted that practically nothing has been said about what treatment has already been used. In this case of ovarian neuralgia, supposedly due to tension of the ovary from the congestion incident to this period, there is nothing so effective as pulsatilla, which may be given in from 5 to 10-drop doses of the fluid extract every four or five hours until effective, after which it is continued as indicated. To this may be added several doses of Dr. Kenyon's Neuralgic Tablets at three-hour intervals until the patient is easy. Also local applications of heat, say a hot-water bag.

We would be pleased to hear from this case again after giving this treatment a trial, and believe that a local examination in this case is unnecessary, because it hardly requires local treatment. Should it, however, be accompa-

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nied by uterine flexion or version, local treatment might become a very essential element in the relief of her symptoms. The position of the uterus can be determined through the rectum as well as by the vagina, in fact, more readily so in a virgin because of the lesser sensitiveness of the bowel.—ED.]

Effect on Brain of Post-Mortem Injection of Embalming Fluid.

TO THE MEDICAL COUNCIL:

Can you, or any of your numerous readers, inform me what would be the effect on the brain of the injection, twelve hours previously, of a gallon or less of an embalming fluid composed of formaldehyde, corrosive sublimate, and arsenic? It was injected into the right carotid. A reply through the COUNCIL will be highly appreciated. I may have more to say about the case.

STANLEY M. WARD, M. D.
Hampton, N. H.

[This would depend much upon the ante-mortem condition of the brain and the age of the individual, the fullness of the bloodvessels, and whether or not a vein had been opened to permit the escape of the excess of fluid. Supposing the existence of a normal brain at death, and that a vein had not been opened to draw off excess of fluid, there might be hypostatic edema of the pia mater and its choroid, with more than usual fullness of its veins, especially in dependent parts. With a full circulation before injection, there would also be increased fullness of the cerebral arterioles, thus increasing the number and size of the puncta of the centra ovales of the brain. These changes would be most marked the sooner the injection was made after death, say within a few hours. An unusually dry brain might thus be given a more nearly normal appearance. The presence of formaldehyde would be likely to cause a toughening, leathery, effect of the cerebral surface and the pia. We would be pleased to comment further upon this case, if an actual one, after full data have been supplied. Is it merely of scientific, or also of medico-legal interest?—ED.]

The Business Side.

TO THE MEDICAL COUNCIL:

Recently there has been much discussion in medical journals under the above attractive heading, especially in THE MEDICAL COUNCIL.

It would seem that doctors need more protection from themselves than the green countryman who is always at the mercy of every fake-vendor in the country.

I am led to this conclusion by the receipt of a multitude of letters from various "doctors" who are anxious to make us all rich.

Dr. —— lets the readers of his journal in on the ground floor. He is a philanthropist, and shares his prospective wealth freely with his special medicationists only.

Dr. ——, of Iowa, sends samples of "iodized magnesia with proteid," which "prevents inspissation of mucus and bile with cholesterin in the ducts"—a four months' treatment for $2.00. Also a cure for whiskey and morphine habits, which is an "iodized nuclein, with cerebrospinants"—cures made for $4.00 or $6.50 per pair. This is also very cheap, and, as the composition of the powders is so luridly explained, no doubt all members of the profession will jump over each other in their efforts to get a supply before it is cornered by a syndicate.

But, hold! Here comes Dr. ——, from far-off California, who issues a circular containing a lot of ambiguous language, bad grammar and worse spelling. His specialty is whiskey and morphine habits, which he cures in half the time the other fellow requires. His treatment is slightly more expensive than the other—hence no "samples"—but it will make the doctors' hair stand, such is the power and rapidity of its action.

This formula contains "cascara se-

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grada for to color," and may contain "Permangenate of potash," which is a "fine anticeptic." Three or four cures for $10.00.

"There are others," but space in THE MEDICAL COUNCIL is too valuable to give free advertising to all the enterprising "doctors" who cannot find room in their own localities to occupy their whole time and display their unusual talents.

Medical journals advertise a host of preparations the formulæ of which are not given, and we must assume that doctors buy or prescribe them. Yet we condemn the practice of using patent medicines by our patrons!

Oh, brothers, let us be sensible! Let us have at least a modicum of the good judgment, learning and *horse sense* with which the laity freely credit us.

There is no known remedy for the opium or whiskey habit; for cancer or piles; for consumption or spermatorrhea; for gall-stones or dyspepsia, which is not freely revealed in the open medical literature of to-day, and no illiterate and impecunious "doctor" possesses the exclusive right to, or knowledge of, anything but gall. Neither is there a royal road to wealth in our business. The man who will skin unfortunates by charging "1 to 5 hundred dollars" for a cure of the opium or whiskey habit, and the man who would inveigle physicians into parting with their few spare dollars for shares in some mythical mining territory are charlatans and mountebanks, who have no business to be recognized as members of a noble and philanthropic profession.

Invest your spare cash for the improvement of your home and the betterment of your family, but do not buy *wit;* it comes high. If it was not born in you, pray for it.

E. J. MARSH, M. D.

Southwest Oswego, N. Y.

We are daily in receipt of letters like the following:

DEAR DR. TAYLOR:—I like your Physician's Pocket Account Book very much, Sorry I did not have it sooner. Fraternally yours,

Milan, Ind. DAVID C. RONEY, M. D.

BEST IDEAS FROM RECENT LITERATURE.

An Extraordinary Case of Quinine Susceptibility.

At a recent meeting of the American Dermatological Association, H. W. Stelwagen (*Journal of Cutaneous and Genito-Urinary Diseases*, October, 1901) reported a case of this nature. The individual, a young man, had a severe attack of cold some years ago, when a physician prescribed quinine in the ordinary dose. The first dose the patient took was followed by a severe constitutional disturbance, simulating typhoid fever, and by an erythematous eruption, and finally desquamation. Some time after that he took some patent medicine which contained one-eighth of a grain of quinine to the dose. He became the victim of another attack just exactly like the first one. The same thing took place every time he took quinine or any of the cinchona derivatives. The patient was made painfully aware of his susceptibility to quinine on different occasions, the most unusual of which was a typical attack following the application of a hair tonic which contained quinine. It was not due to any neurotic disturbance, because the eruption appeared no matter whether the patient was conscious of taking quinine or not. Some of his medical friends administered quinine unknown to him, but it was invariably followed by a typical attack.—*The Medical Age.*

[Cases like this are worth remembering because they may, at any time, occur in one's practice, and cause confusion. What is true in this case is true of other drugs as well, though not having similar manifestations. Thus it may not be out of place to refer to the urticaria following the ingestion of shell fish, beer, and other articles of diet; to the rash produced upon susceptible people by small doses of the resinoids; the sensitiveness of

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some to the smallest doses of arsenic, mercury, or iodid of potassium, and the long list of similar peculiarities.—ED.]

Epilepsy Cured by Snake Bite.

By DR. J. P. COLLINS.
Cedar Mills, Texas.

J. S., age 35, farmer, had been an epileptic for twelve years. On the 19th of May, 1900, he was bitten by a copperhead snake, since which time he has been entirely free from all symptoms of epilepsy, and his general health has greatly improved. That peculiar expression of the confirmed epileptic has disappeared; his eyes are bright, the pupils small and well defined, and his skin is clear and healthy. Was it merely a coincidence? or did the bite of the copperhead stand in a causative relation to the cessation of the paroxysms?—*The Texas Medical News.*

[We do not believe this case to be a coincidence, nor it it properly viewable as one of cured epilepsy. The publication of this article, appearing less than sixteen months after the infliction of the bite, constitutes too short an interval to claim a cure for epilepsy. It is a well-known fact that this erratic and evasive disease has, as yet, bid defiance to all proposed methods of cure. It is also well established that it readily yields for a certain time to any active onslaught made against it. The excisions of an old scar, a circumcision, an amputation, an abdominal section, or any other unusual procedure that makes a more or less profound impression upon the nervous system, is apt cause a cessation of epileptic seizures for periods varying from several weeks to two or more years. They return, however, unless the patient dies too soon. Such a thing as an absolutely cured Jacksonian epilepsy is unknown.—ED.]

The Heart Lesions of Infancy and Childhood.

Abt (*St. Louis Med. Rev.*, July 13, 1901), after discussing the symptoms and prognosis of these affections, says that their prophylactic treatment depends upon the fact that the majority of them are rheumatic. The salicylates should be used thoroughly and early. The drug limits the rheumatic process, and may possibly arrest its progress before it has seriously injured the endo- or pericardial structures. Alkalies alone or combined are also useful. Rest in bed should be insisted upon and begun early in the disease. The external application of an ice-bag is also useful. Counter-irritation in the form of mustard paste or tincture of iodin gives relief at times. To quiet the heart, small doses of aconite are sometimes employed, but this is contra-indicated if there are any signs of collapse or cyanosis. When a large pericardial effusion is present, aspiration should be resorted to. Rest in bed for weeks, and perhaps months, is of paramount importance. When cardiac stimulants are indicated, digitalis, strophanthus, convallaria and caffein are used. Iron and arsenic are indicated when anemia is present. Massage, hydrotherapy and light gymnastics act favorably.—*International Med. Mag.*

[This is good advice, capitally expressed, and we would only emphasize the necessity for insistence upon rest in bed, not only early, but late, in the treatment of the disease, and throughout its active manifestations. The use of the ice-bag supplements this very decidedly, and so does, more especially, the free admission to the patient of fresh air, a point not mentioned by Abt. It is effective by supplying more abundantly that element which it is the object of the heart's action to absorb from the pulmonary atmosphere and carry to the tissues —oxygen.—ED.]

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The Abstraction of Calcium Salts from the Mother by the Fetus a Cause of Osteomalacia.

Jennie G. Drennan, in the *New York Medical Journal*, September 28, 1901, advances the theory suggested by the title of her paper stating that osteomalacia is a disease, the result of a poverty of calcium salts in the blood of the mother, by which her osseous tissues are starved by the fetus assimilating all the available salts. If her diet had been rich in salts, there would have been a sufficiency for both. The women in whom this disease occurs oftenest are those whose diet is poor in lime. The disease is commonest among the poor peasant classes in Europe, foreigners in America, and the slum classes of British cities. Naturally, in each succeeding pregnancy the supply of calcium in the tissues will be less, as in all probability the osseous tissues will not recover their first state. —*Medical Record.*

[This is common sense, yet there are people who try to make others believe that it is possible to bone-starve the fetus by dieting its mother. As we have always maintained, such a regimen would more likely affect the mother than it would her child.—ED.]

Intrauterine Crying.

Planchu and Reure, *Lyon Medi.*, January 6, 1901, discuss a case in which Reure heard loud crying of the child *in utero* for more than an hour nine days before delivery. The patient complained of a watery discharge, and as on examination no sign of the onset of labor was found, was ordered rest in bed and vaginal douches of hot water. Instead of the douche a pear-shaped syringe was used, which was afterwards shown to eject much air with the water. Reure was called because of the crying, which was so loud on his arrival that he expected to find the child born. The cries gradually diminished in intensity, but are said to have lasted almost continuously for two hours and a half. On each of the following nine days fetal movements were felt, and the fetal heart-sounds counted to be on an average 135 per minute. The child was born breech first, alive, but very asphyxiated, and was lost owing to the urgent need of attention on the part of the mother, who was bleeding. No examination of the lungs was permitted. Planchu argues that this case pleads strongly in favor of the theory that the first respiratory movements are caused by the contact of the nasal and buccal orifices with air rather than by obstruction of the fetal circulation.—*Homeopathic Journal of Obstet., Gynecol. and Pediat.*

[This is an extremely unusual case, but not at all improbable. We think it worth remarking, however, that many men with the same experience who would report such a case would do it in so defective a manner that the facts would not be credited. In this instance the doctor gives sufficient detail to protect him against a suggestion of error, and explains the phenomenon by the presence of air within the uterine cavity through the agency of a defective syringe. Unusual or improbable occurrences should always be reported with the greatest care, special attention being had to detail, and an explanation of the phenomenon.—ED.]

Salicylates in Rheumatism.

The treatment of rheumatic fever with salicylates has at times proved unsatisfactory to the physician, owing to the remedy not being pushed sufficiently. Salicylic acid should be given in doses of from seven to ten grains every two hours, followed by a glass of milk to avoid irritation of the stomach. It should be continued to the full physiologic effect, manifested by roaring in the ears, when it should be decreased, but not entirely withdrawn. Sodium salicylate should be given in from 10- to 15-grain doses every hour until a similar effect is

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produced, when it should likewise be decreased. A pepsin preparation is the best vehicle. Sometimes strontium salicylate may be used if the sodium salt is not well borne, though its action, as a rule, is not prompt enough. The "natural" salicylic acid (from wintergreen or willow salicylin) and its salts should always be specified. For old or anemic patients, the "Ferro salicylate mixture" of S. S. Cohen should be given. In this preparation, by the use of an acid solution of ammonium citrate as a solvent, and by taking care to stir in the tincture of ferric chlorid slowly, drop by drop, the last thing in the mixture, a clear solution can be made, containing to each dessertspoonful a gram each (15 grains or minims) of sodium salicylate and the iron tincture. Glycerine may be used as an emollient, and oil of wintergreen as a flavor. An aromatic liquid preparation of pepsin may be added, if desired.—*Am. Med.*

[A very important rule to observe, not only in the use of the salicylates in rheumatism, but in the use of nearly all drugs by which it is desired to produce definite effects, is to push them rapidly until we get the therapeutic effect desired, or until physiologic effects are noted.—ED.]

The Doctor in Politics.

The *Practitioner* quotes with approval this maxim: "The function of the physician primarily is to cure people. Don't go into politics." Such an astute journal as the *Practitioner* should be able to see the fallacy in this catchy phrase. To prevent disease is even better than "to cure people," and preventive medicine and hygiene often need the aid of the doctor in politics.—*American Medicine.*

[This is right as far as it goes, but it is too weak. It is inconsistent to advise the doctor to stay out of politics because of the harm it may do him at the same time that we speak in glowing terms of his exceptional courage in facing contagion, and his fortitude in alleviating suffering regardless of financial recompense or even grateful appreciation. Under a republican form of government the highest duty of the individual is that of being a good citizen, and this is impossible without a full exercise of all that this highest civic function requires. The doctor should be in politics to the best of his ability without *undue* personal sacrifice because these are his sacred duty and privilege. It is because of his superior attainments and exceptional personal influence that he should be a master of public questions, and a teacher of them to those who do not understand them. To be sure, he will find his greatest influence evident upon questions of public health. But away with the grovelling picayune spirit that would make cowards of the votaries of the noblest of all professions, merely for pelf. But go into politics with honesty and dignity.—ED.]

Insomnia in Everyday Practice.

David Inglis holds that no treatment of insomnia is likely to be successful which does not recognize the fact that all of our nervous processes are adjusted to periods of alternating activity and repose. Sleep by night presupposes activity by day. It sometimes seems severe to make a man already depressed work like a hired man, but if by doing so he can fall asleep on the spot like a hired man, the result is satisfactory. If work cannot be insisted on, strychnine in the morning, in positively stimulating doses, with a sedative at night, may be resorted to. Gout often produces insomnia by the toxic effects of the poison on the protoplasm of the brain elements. In some cases of beginning insomnia, the administration of a soporific to secure prompt sleep for several nights in succession, aided by the wise use of suggestion, will often break up the trouble. For several nights thereafter any inert but bulky powder may be given as a placebo. In-

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creasing the assimilative power of foodstuffs will often overcome insomnia, even in fat women, who, in spite of their appearance, are often poorly nourished. Fatty foods are the most effectual. Chloral secures sleep more promptly than any other drug, but is dangerous to use. Trional and sulphonal are the safest, and it is well to give the former in small doses at intervals during the day, with a double dose at bedtime. In the insomnia of old age a mixture of paregoric and aromatic spirits of ammonia is often very efficacious.—*The Physician and Surgeon.*

[A very hot foot-bath, or toasting the feet before a hot fire, will often induce sleepiness. A hot drink—either milk or water—is an additional aid.—ED.]

Surgical Hints.

[*From Int. Jour. Surg., with our comments.*]

In furuncles and carbuncles of the upper lip it is especially important to operate promptly, usually by thorough excision under an anesthetic. The location of the disease, in such cases, makes them peculiarly dangerous owing to the possibility of the occurrence of rapid thrombosis of the facial veins, extending to the cerebral sinuses. This, in turn, is apt to cause fatal pyemia.

[This is another one of those exceedingly valuable pointers that are so fully appreciated when read, but forgotten long before an opportunity arises for putting them into practice. Medical men not given to the use of the knife should, in all surgical or quasi-surgical cases, call in a man who is accustomed to its use, so that the patient may get the benefit of real surgical intervention.—ED.]

After blows upon the head, when a period of consciousness follows the first symptoms of concussion, and is later again replaced by a state of unconsciousness, there is evidence that cerebral compression is taking place, pointing to the necessity of surgical intervention.

[A point so self-evident, so often made, and yet so commonly forgotten that its continued reiteration is very necessary, and therefore bound to do good.—ED.]

Never give an emetic in order to recover a foreign body that has passed into the stomach. If it is small enough it will always be passed in the course of a few days, while, if too large for this, vomiting would be a dangerous and useless thing to bring about.

[Good advice, to which we may add the desirability of giving foods having a large residue, so as to help carry the foreign body through the intestinal tube with lessened danger of its being damaged.—ED.]

Never use peroxide of hydrogen in any sinus or cavity in which there is a possibility of insufficient drainage. Unless the peroxide has a perfectly free exit, it may do harm by forcing septic matter into tissues hitherto uninfected.

In children and young people complaining of pains about the joints or limbs, never be satisfied with anything but a searching examination. It will not do to lightly make a diagnosis of rheumatism, for both osteo-myelitis and certain malignant tumors may thereby be overlooked.

[This advice is too valuable to be overestimated, but we would apply it to individuals at any age. Charge money enough for your examination, especially the first one, to pay you for the time and trouble consumed. This, too, pays the patient in the long run.—ED.]

Cold Water versus Hot Water in Constipation.

It is a common practice to advise constipated patients to drink a glass of either cold or hot water daily before breakfast. Hemmeter mentions abstention from cold water as a cause of constipation, and asserts that it cannot be replaced by the use of hot water or other hot drinks. In his experience hot water increases the already existing atony, because it establishes a condition of intestinal hyperemia which interferes with peristalsis, and is moreover more rapidly absorbed than a cold draught.

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Vomiting of Pregnancy.

Dr. F. W. Johnson's (*Boston Med. and Surg. Jour.*) method of treating obstinate and uncontrollable vomiting of pregnancy consists in etherizing the patient, dilating the cervix slowly and carefully to the width of about an inch, then painting the cervical canal with Churchill's tincture of iodine thoroughly. Two cases that had resisted absolutely all other measures were permanently cured by this method. —*Merck's Archives.*

[One objection to this proposition is that dilation of the cervical canal in some women will unquestionably produce abortion, though in some it will have no effect of this kind. It seems to us that the same object could be accomplished with less dilatation, possibly by means of the introduction of an iodinized gelatine bougie.—ED.]

The Vulnerability of the Apices of the Lungs to Tuberculosis.

Although it is generally recognized that the apices of the lungs are peculiarly susceptible to tuberculosis, and the right more so than the left—there is no agreement as to the cause for this predilection. According to the most commonly accepted view, the comparative immobility of the upper portion of the chest, with diminished functional activity on the part of the apices, is the responsible factor, but neither this nor its modifications or substitutes are entirely satisfactory. According to an explanation proposed by Drs. E. H. Colbeck and Eric Pritchard (*Lancet*, June 8, 1901), the movements of the apices of the lungs, when not properly supported by the soft parts and the external extremities of the clavicles, become inverted—being sucked in during inspiration and bulged out during expiration. At the junction of the tissues thus affected, with those undergoing normal respiratory movement, is an area of minimum activity, and it is especially here that foreign bodies, including tubercle bacilli, find lodgment and set up irritation; and this corresponds with the usual primary seat of pulmonary tuberculosis. The apex of the right lung is more commonly and more early the seat of tuberculosis because it projects higher into the supraclavicular space and is even less well supported than the left. The theory thus briefly outlined is not without practical bearing, inasmuch as in conformity therewith, development of the muscles of the shoulder-girdle by means of tree-climbing, ball-throwing, horizontal ladder and bar exercises, or any systematic muscular training that brings into activity the great pectoral muscles is indicated as both a prophylactic and a therapeutic measure.—*Medical Record.*

[An ingenious explanation; new to us, and, we believe, very apt to be perfectly correct.—ED.]

Points in the Etiology of Diabetes.

True diabetes mellitus is a frequent disease in this city, and its frequency would seem to be increasing under the factors of our strenuous life. Among children, school competition; with professional men, keener striving for supremacy in intellectual advancement; with business men, the accumulation of fortunes which would have been considered unattainable by previous generations; with working-people, the difficulty of keeping pace with inventive machinery and foreign cheap labor and capitalistic combinations. All these causes are hurrying us on in a mad whirl to premature decay of tissue.

* * *

Among occupations, those which involve continued and excessive mental application and nervous strain furnish the largest contingent of cases. Muscular activity, without worry, is both preventive and curative of diabetes. Dietary indiscretions, especially when gout or obesity coexists, will produce transient glycosuria, and, if persisted in, may lead to permanent diabetes, probably by exhausting the liver by overwork. The excessive use of tobacco may produce the same result. Grief, fright, joy, anger, or

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anxiety, when intense or protracted, also exert a marked influence.

* * *

Although the existence of diabetes is favorable to the development of various micro-organisms, none has yet been shown to bear a casual relationship. Phloridzin, a glucoside obtained from the bark of the root of apple and cherry trees, so changes the renal epithelium as to destroy its normal power of keeping back sugar, and to cause it to seize greedily upon the sugar held in solution in the blood.

Phloridzin poisoning, therefore, determines a form of glycosuria which is dependent upon disease of the kidneys. It is possible that there are other poisons, gaining access to the human organism in some manner unknown to us, which may produce similar changes in the kidneys.—*Quotations from a paper before the N. Y. State Med. Assoc. by Charles E. Nammack, M. D., of New York City.*

Home-Made Splint Material.

The following formula was sold by traveling men to physicians several years ago. Cut this out and paste in your book on Surgery.

Dissolve one pound of gum shellac in one pint and a half of ninety-five per cent. alcohol, with one drachm borax. Let the mixture stand until all of the shellac has been dissolved; then it is ready to be applied. Old cloth makes the best splints. I generally use an old pair of trousers. Apply the solution to one side of the woolen cloth with a brush and dry thoroughly before a hot fire. It takes about one hour to dry properly. Then apply a second coat on the same side and dry as before. You will then have a single piece, but if you wish a stronger piece, apply the solution on one side of two pieces that have already been prepared, dry them, place them together and press with a hot iron, and they will unite and become as one piece. Always be sure to dry out all of the alcohol. To temper the cloth for use, hold before a hot fire until soft, then apply. It will adapt itself to the shape of the limb at once. To make it set quickly, hold in cold atmosphere or dip in cold water.

The Pathology and Treatment of Anemia.

By W. E. FITCH, M. D.,
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The blood holds in solution certain albuminous bodies and a number of mineral substances that might be called invisible constituents, the study of which belongs to the physiological chemist. In addition, it holds in suspension certain visible bodies, the red and white corpuscles, which are open to direct inspection. These latter elements, their form, color, size, number, and relative proportion, are the histological factors with which we are concerned in this study. The chemistry of the red corpuscles is complex, and in some respects still unsettled. Its most important ingredient, hemoglobin, possesses brilliant optical properties, and is the only proteid of the body containing iron. It is the blood constituent that conveys oxygen to the tissues, and is characterized by the readiness with which it absorbs and parts with oxygen. In arterial blood it exists as oxyhemoglobin, in venous blood as reduced hemoglobin, easily distinguished by the spectroscope. It is crystallizable, and easily obtained from the blood of man and of animals. It is the vital element of the blood, always present, and, when slightly reduced below the normal, results in functional disorder, and, if greatly reduced, in grave and irreparable organic lesions. The absence of hemoglobin from the blood, in greater or less degree, is the cause of the various forms of anemia.

Next in importance are the blood corpuseles, the white being large spherical masses of granular nucleated protoplasm, existing in the normal proportion of one white to five hundred red. Other morphological elements that concern us in this discussion are the hematoblasts of Hayem, whose functions are concerned in the production of fibrin.

The Microcytes, much smaller bodies than the red corpuscles, contain abundant coloring matter, and are numerous in the idiopathic and pernicious forms of anemia.

I have thus outlined these constituent bodies of the blood to elucidate my subject and to emphasize their relative importance in the subject I am about to consider, for the functional power of the blood depends

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wholly upon the number and quality of its red corpuscles, and when a deficiency exists the tissues suffer for want of oxygen, the most nutritive element of the body.

ANEMIAS

are properly classified with reference to their origin. They admit, however, of being divided into two great classes, primary and secondary. Primary anemia is developed as an apparently primary and idiopathic disease in persons previously healthy, while secondary anemia is merely a symptom of some already existing disease resulting from nutritive disturbances in the blood, to food-supply, digestion, absorption, and the direct loss of blood by hemorrhage. However simple this theoretic distinction, in actual practice it is often quite difficult to determine whether the particular case before us should be regarded as primary or secondary. Secondary anemia may occur where the true primary cause cannot be at all readily determined. There are, nevertheless, quite a large number of cases which would seem to deserve the name of primary or essential anemia (chlorosis, leukemia, and pernicious anemia), in which we feel compelled to assume that some pathogenic influence acts directly upon the blood and hematopoietic process. I cannot in a short paper subdivide these classifications describing all the varieties, but will consider simple secondary anemia briefly, and chlorosis and idiopathic anemia at length as the blood-changes and symptoms, the chemical and microscopical features, as well as the treatment, apply largely to the grave forms of this disease.

Pathology.

The pathology is also obscure; our knowledge of the physiology of the blood, the origin, development and destination of the red corpuscles, is involved in so much doubt as to render it impossible to discover its pathological secrets. It is obvious that something concerned in the development of the red corpuscles is a cause, or some distinct agent exists, for the prominent feature, diminution, must be due to one or both of these causes.

The Blood.

The color of a drop, as it emerges from a puncture, varies a great deal. In most cases it is very pale and watery looking, though not more so than is occasionally seen in severe cases of chlorosis or secondary anemia. But not infrequently the color of the blood in gross is as bright a red as normal blood, even when not over one-fifth of the normal number of corpuscles is present. The color in these cases is probably due to the high hemoglobin percentage present in all of the cases in which bright red blood is seen in pernicious anemia. Frequently in severe cases of anemia the drop of blood looks streaked and particolored, as if the cells were separating themselves from the plasma.

Red Corpuscles.

Most cases show 1,000,000 to 2,000,000 cells per c.mm. when they first come under observation. The fall of the count to this point is usually very rapid, while beyond this the fall, if it occurs, is very slow. There are evidently conditions which tend to arrest the destructive process at this point. Cabot, in a report of 110 cases of pernicious anemia, found that 79 cases showed between 1,000,000 and 2,000,000 corpuscles per c.mm. when first examined. The other 31 counts were below 1,000,000; of these 31, 8 fell below 500,000 corpuscles per c.mm.; lowest count in the series, 363,000.

In some cases the corpuscles remain at practically the same figure until death, others progressively decline. Most frequently, however, one or more remissions occur, in which the blood may become quite normal, but which are always followed by relapse. There may be as many as five such remissions before death finally ensues.

Hemoglobin.

Cabot, in the report of the 110 cases just mentioned, found that in 71 per cent. of his cases the hemoglobin percentage was relatively high, *i. e.*, the amount per corpuscle was increased, although the total amount was of course very low. This *relative* increase of hemoglobin is known as *high-color index*. In the remaining 29 per cent. of Cabot's cases, the color index was low or normal, which means probably that these cases were improving when first seen.

White Corpuscles.

A great diminution of leucocytes is the rule in all severe cases. Frequently less than 1,000 are found in a cubic millimeter of blood. This is the more striking because in some varieties the leucocytes are usually normal or increased in number. In the remission of the disease the leucocytes rise with the erythrocytes and often go above the normal figure.

Very commonly, though by no means

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always, changes in the shape and size of the red corpuscles are observed. These deformities are in no way characteristic of pernicious anemia, but occur in all severe anemias. In the most severe forms the number of corpuscles varies from 500,000 to 2,000,000 per cubic millimeter. This degree is suggestive of disease of the blood-making organs, the spleen, lymph glands or bone-marrow. Then, in the grave forms, we have always an increased size and lessened number, while in chlorosis we have generally a diminution in size, combined with an increase in number. It is an established fact that the amount of hemoglobin in two red corpuscles from different individuals may differ as much as 50 per cent., so that the number of corpuscles does not afford a reliable test of the presence or absence of anemia.

When below the normal average, anemia may be determined by a simple count, but its degree is only determined by the percentage of hemoglobin, the reduction of which may be greater than that of the corpuscles.

When the number of corpuscles is not far from normal, or greater than normal, this test is superior. As between two tests, in such cases the color test is to be preferred. In an examination of the blood, it is important to determine the functional value of the red corpuscles, which bears a close ratio to the amount of hemoglobin in each.

These facts are generally well understood, and I repeat them only as a reminder of their importance for clinical purposes.

In all the severe forms of anemia various secondary changes other than those of the blood and blood-making organs are noted. The bone-marrow of the long bones becomes red and softened. The spleen is usually considerably enlarged. The liver, kidneys, and heart undergo (fatty) degenerative changes. Degenerative changes of the posterior and lateral columns of the spinal cord are frequent, and pallor of all organs, with discoloration of skin, fat and muscles.

As the severity of the symptoms increases, and in cases approaching the pernicious form, we observe a great number of large corpuscles. Another characteristic is that the corpuscles have a tendency to assume an oval form, and the more severe the type the greater the number of corpuscles having this shape. In most cases, if at all severe, we shall find a mild fever; it is the usual condition in all severe cases—the so-called anemic fever.

In considering the treatment of anemic conditions, we have before us a subject of interest and one requiring much study, and it is my purpose in this paper to record the result of experimental research conducted solely with the intention of ascertaining the efficacy of a new ferruginous preparation. And while not unmindful of the utility of that form of medication which has "stood the test of time," yet, in this age of progress, when new methods and measures usurp the attention and command the co-operation of a thoughtful constituency, one must of necessity forsake his conservative proclivity and pay due homage to whatever in his experience has most abundantly redounded to the amelioration of mankind.

The amount of iron required to maintain the globular richness of the blood is easily supplied by the foods which contain it in varying quantities. It is when a degree of anemia occurs because of interruption in the assimilation of what reaches the digestive apparatus that an artificial supply becomes necessary. In some forms of anemia, however, no matter how large the supply of medical iron, the power to make red-blood corpuscles is impaired or lost, and the anemia persists in the midst of a deluge of ferruginous material. In fact, the more our knowledge of the constitution and structure of the blood corpuscles is extended, the more evident it becomes that it is not so much the quantity of iron as the special form in which it combines to produce the hemoglobin.

Iron

exists in the body as an organic compound. Physiological chemists tell us that when iron enters the stomach it is not fitted for absorption, unless in the form in which it naturally exists in the body of the fetus *in utero*—a true organic iron.

Experience has taught us that metallic iron is badly tolerated because in the presence of the hydrochloric acid of the gastric juice a reciprocal action takes place, in virtue of which hydrogen is set free instantly upon the carbon which is found in all iron, producing a carbide of hydrogen, which produces nausea and vomiting in some patients, the iron giving with the oxygen two compounds, to wit, an oxydulum and an oxide; the latter is then transformed into a chlorine compound corresponding to the oxydulum. Now, while remaining an oxide compound, it is not absorbed as such by the digestive tract. At the expense of the oxygen found in the stomach, and by the

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intervention of the hydrochloric acid found in the gastric juice, an oxide salt is slowly formed. This process, however, subtracts from the stomach a certain amount of hydrochloric acid needed to carry on the digestive functions of that organ.

It is next to impossible to obviate this trouble by prescribing iron compounds with a basis of iron oxide, even though they are readily dissolved, because the caustic and astringent properties of these chemical preparations produce gastric disturbances. The result of these conditions is, therefore, that neither the compound with an oxydulum basis, or the soluble or insoluble ones with an oxide basis, or the acid or alkaline compounds of iron can be considered as perfect pharmaceutical products, adapted for assimilation in the stomach of weak chlorotic or anemic patients.

Iron is quite generally present in the animal tissues in connection with nuclein compounds, but its existence in hemoglobin is noteworthy because it has been known, and because the important property of combining with oxygen seems to be connected with the presence of this element. According to analyses made, the proportion varies somewhat in different animals, from 0.335 to 0.47 per cent. In the circulating fluid we find three proteids : fibrinogen, serum globulin, and serum albumen. Serum albumen belongs to the group of native albumens, and the source and origin of the iron-supply we find in the body are the proteid substances of our food. These proteid substances, transformed into peptones and proteoses, go to form serum albumen, the main source of tissue nourishment.

Bunge, of Basel, in a paper read before the International Congress of Medicine in 1895, speaking of the therapeutic action of iron compounds—referring to the important part played by hemoglobin in the animal economy—says "it is very important that iron in the form of inorganic salts introduced into the body becomes converted into hemoglobin by synthesis." Although the absolute amount of iron in the system is very small, not more than from three to four grammes, its presence is essential that proper oxygenation of the tissues and metabolism take place. Iron is not alone found in the blood, but also in the liver, spleen, and kidneys. Bunge believes, also, that iron is absorbed only when combined with nucleo-albumen, and, finding in the yolks of eggs such a combination, he has termed it hematogen. This substance he finds plentiful in vegetables and scanty in milk. In this respect Kobert agrees with him, and says iron in organic combination is of all forms the most easily assimilated.

The liver, particularly, has a certain amount of hematin stored away, which partially supplies any waste of the hemoglobin. Feeding iron in large quantities does not increase the amount found in the urine, says Foster (*Zeitschrift fur Biol.*, 1893).

Stockmann has shown that the amount of iron ingested each day in an ordinary dietary only amounts to from 6 to 11 milligrammes ($\frac{1}{11}$ to $\frac{1}{8}$ gr.), while the daily loss is as much. As the intake is so small, a reserve is provided, as stated above, in the liver, whose cells rapidly take up any excess of the metal when given in an absorbable form.

Austin (*Boston Med. and Surg. Jour.*, vol. cxl, No. 9), with the help of Coriat and Thorpe, experimented upon three dogs—a beagle, a bull, and a setter—to each of which was added iron in the form of sulphate, or albuminate, or hematin, each having the same amount of iron, *i. e.*, of the first, 0.927 grms.; of the second, 5.86 grms.; of the third, 11.42 grms.; and during the time they were under observation a careful chemical examination was made of the feces, and of the fresh meat before it was given to the dogs. The method required skill for its manipulation, and was rather lengthy. His conclusions were as follows : (1) That iron is constantly being eliminated both in urine and feces, even during fasting. (2) That apparently raw meat furnishes an available form of iron for absorption under normal conditions. (3) That inorganic iron, as represented by ferrous sulphate, is nonabsorbable. (4) That albuminates and peptonates of iron are absorbable, but to a limited extent. (5) That organic iron, of which hematin and hemoglobin are representatives, furnishes the most easily absorbable, most readily assimilated, and most valuable of all iron preparations, and, after most thorough clinical test, I have demonstrated conclusively, as will be noted in the reports of several cases which are hereto appended, that Sanguiform, each ounce of which contains 2.5 grains of natural organic iron together with all the albuminoids and saline constituents of one and a quarter ounces of normal healthy blood rendered palatable by the addition of aromatics, is more readily absorbed and easily assimilated than any preparation of iron yet placed before the profession, and furnishes all the iron necessary, without overloading the

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liver, or irritating the gastro-intestinal tract, which is an important consideration in the treatment of anemic conditions, where there is usually gastric irritation—and it is doubtful if iron is ever absorbed by the intestines.

So long ago as 1824, Woler advanced this opinion, and Kletzinsky, in 1854, experimenting upon himself, and finding in his feces as much iron as he swallowed, concurred in it. When organic iron is eliminated from the diet, hemoglobin falls rapidly, but the red corpuscles are not diminished in number, although, as in chlorosis, there are many pale and nucleated.

The liver takes up any excess of the metal; Zaleski and Vay showed that the iron arrested by the liver combines with the nucleo-albumens, and can only be separated by incineration; and Bunge has shown that artificial peptic digestion of the yolks of eggs yields a nuclein containing iron. As the yolk contains no hemoglobin, and as during incubation no iron can enter from without, the iron-holding nuclein must furnish the iron for the hemoglobin of the chick. This nuclein he calls hematogen. As iron is an integral constituent of hemoglobin, and indispensable for the conveyance of oxygen, so also it is an indispensable constituent of food. In iron-starvation iron is evidently eliminated, even though in diminished amounts. As the iron salts are but slightly absorbed from the intestines, it is a question if this small absorption has any value.

The iron we use, the iron which furnishes the supply needed by the hemoglobin, we gain through the food in the form of the proteids. In using iron as a medicine we must select one possessing as nearly as possible a form which resembles the hematogen of Bunge.

According to Cloetta (*Archiv fur experimentale Path. and Pharmacin*, 1897), the organic combination of iron suspended in the albuminoid matter is all that is necessary to insure its absorption. Ten dogs, experimented on with soup made of starch, glucose and distilled water, were found to absorb the iron in the form of organic albuminate, but not inorganic iron. We can only conclude from these numerous experiments, made by leading physiological chemists, that of all the iron compounds a true organic combination is the best form in which to administer iron.

We might almost call Sanguiform an isomer, so nearly in its physical and chemical aspect does it approach the form in which iron is found in the blood and tissues.

Hare, in "Practical Therapeutics," revision of 1900, in discussing anemia, says: "Bullocks' blood fresh, or dried and redissolved, may be be used in the treatment of anemia. In these cases where iron fails, a change of air and diet, leaving off the iron for bullocks' blood, may often produce a cure which no drug can bring about."

Sanguiform is a preparation of the blood of healthy warm-blood animals, containing all of its normal constituents, ascertained by careful examination, and so preserved as to remain unchanged in any climate, at the same time rendered agreeable to the taste of both young and old, while it may be taken freely without ulterior effects. Containing the material of which blood is composed, it is a valuable reconstituent in those maladies characterized by deficiency in the number and quality of the red-blood globules. In the debility succeeding acute diseases, as a restorative in chronic wasting diseases and in depressed states of the organic functions it is an effective and readily-applied remedy.

After studying its formula, physical and chemical characteristics, I became convinced that it was a preparation of superior merit, and, in order to ascertain the efficacy of the preparation, I began an experimental research, which is appended hereto; a careful study of the following cases will demonstrate the value of Sanguiform as a chalybeate tonic and reconstructive.

Case I. Leucocythenia, May O'D., Irish, aged 29; consulted me on March 20th. She presented the following symptoms: beginning one year ago. she complained of the usual train of symptoms accompanying simple anemia—swelling of the abdomen, a feeling of fulness and pain in the splenic region. The spleen was greatly enlarged. There was pronounced pallor and enlargement of the glands in the axilla and groin. The ribs and sternum were tender on deep pressure; appetite poor, digestion feeble, bowels loose; patient fatigued on the slightest exertion; suffered from cardiac palpitation and dyspnea; edema of eyelids and ankles; urine scanty, with a specific gravity of 1,030. Microscopic examination of the blood revealed the following: white-blood corpuscles increased in size and number (200,000) per cubic millimeter. The red-blood corpuscles were deficient in size and number (3,000,000) per cubic millimeter; the hemoglobin was reduced below 50 per cent., while quantity and quality were both wanting.

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I advised patient to abstain from worry and lay aside all care, to seek some quiet place in the country where she could have plenty of outdoor exercise, fresh air and sunshine, with pleasant surroundings. This she concluded to accept as good advice, and went to the country. I prescribed Sanguiform, teaspoonful doses night and morning before meals, and rich rare steak three times daily, with claret wine during meals. On April 10th the dose of Sanguiform was increased to two teaspoonfuls night and morning. At this time the patient said she felt stronger, and that her bowels were not now so loose as when she began treatment. April 20th, patient had improved still further; bowels had become normal, and the fullness and pain in the splenic region had disappeared. The spleen, on careful palpation, was found reduced in size. On April 30th Sanguiform was increased to two teaspoonfuls three times daily, the swelling of the eyelids and ankles had entirely disappeared, and the patient had had no attack of cardiac palpitation for three days. May 5th, patient was found to be still improving; spleen had almost returned to normal dimensions; pallor less; urine increased in quantity, and of lower specific gravity. May 10th, patient still doing nicely, feels very much stronger; has gained three pounds in weight, and looks better; microscopic examination of the blood showed a diminution in the excess of white corpuscles and an increase in the red corpuscles; the hemoglobin had increased in percentage; pain in the bones had entirely disappeared. May 16th, patient continues to improve, now able to take long walks and enjoy riding for hours without fatigue. Sleeps well, good appetite, digestion almost normal. May 20th, patient had gained nine and one-half pounds in weight; complexion almost normal, and she felt strong enough to resume her work, that of lady's maid.

This case did not entirely recover, nor did I expect such a result, but was highly pleased with the result obtained in this class of cases which usually have such an unfavorable prognosis.

Case II. (An obscure case of anemia). Miss B., aged 20, from New York, spending the winter south for her health, came under my observation about March 1st, this year. This case had been in the hands of competent clinicians for two years past without being permanently benefitted. She had been treated for malaria, neurasthenia, and chlorotic hepatitis. A physician, casually observing the patient, would no doubt have remarked "What a perfectly healthy specimen you are!" Her complexion was florid, her figure rounded; the functions of the bowel and bladder were normal. The menstrual periods were normal and appeared with regularity. It was a difficult case for diagnosis. The only symptoms apparent were that at times she was easily exhausted after some trifling exercise, and sometimes swooned away without apparent cause; the attacks were not accompanied by hysteria; she merely complained of being weak and tired. The attacks of fainting were periodical, occasionally merging into complete unconsciousness; at other times the attacks were such as might be called *petit mal.* Outside of these occasional symptoms there was every external evidence of robust health. The patient said she had noticed that her hair was gradually growing lighter in color during the past few months.

My first step in this case was a microscopic examination of the blood (which is indispensable for intelligent diagnosis, especially in cases of this obscure description). The blood was about normal in color to the eye; microscopically, however, the picture was decidedly abnormal. One cubic centimeter of blood showed but 1,500,000 red-blood corpuscles, with a decided overplus of white cells. The red cells were in the various stages of disintegration and paralysis. The hemoglobin was not more than 20 per cent. of the normal quantity. In one specimen of blood from the finger, the red corpuscles were absolutely devoid of color; this being a most unusual picture and indicating, to my mind, the initial cause, if not the beginning of fatty degeneration, a subject of greater scope than will permit of being discussed within present limits.

It was accordingly determined to put the the patient upon the following course of treatment: night and morning she was massaged with alcohol, and instructed to take plenty of outdoor exercise; at the same time she was admonished to be very cautious in dressing so as not to catch cold. She was immediately placed upon regular doses of Sanguiform night and morning, with a liberal diet; at the end of a week the dose was increased to two tablespoonfuls night and morning, at which time the patient felt very much improved, remarking, "Why, doctor, do you know that I am feeling stronger and brighter already? I know this treatment is doing me much good." The treatment was continued up

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to April 25th, when a microscopic examination of the blood showed that the quantity of hemoglobin was increased fully one-half normal. The red-blood corpuscles had also increased considerably. Since April 1st there have been no fainting spells. In fact, the patient said she hadn't an ache or pain. The quantity of Sanguiform was now increased to two tablespoonfuls three times daily. April 30th, microscopic examination of the blood showed the red-blood corpuscles to be already quite normal in quantity (4,000,000 per cubic millimeter), the hemoglobin lacked but about one-eighth of the normal amount. From April 1st to this date the patient has continued free from attacks of any kind, and has entirely recovered.

Case III (Chlorosis). Miss M., 15 years; pale; mucous membranes putty-colored; flabby skin, anorexia; coated tongue, constipation, headache. Blood examination revealed 2,500,000 red corpuscles per cubic millimeter, and 35 per cent. of hemoglobin. Began with teaspoonful doses of Sanguiform twice daily; phosphate of sodæ before breakfast to stimulate the hepatic circulation, and put her on a full, nutritious diet, milk punches three times daily before meals, and gradually increasing outdoor exercise in the sunshine. At the end of a week she reported to me that she was much improved. Her appearance demonstrated the improvement. I made a blood-count and verified it. I found 3,500,000 red-blood corpuscles to the cubic millimeter, and the percentage of hemoglobin increased to 45 per cent. Treatment continued, with slight increase in dosage. One week later the blood examination showed 4,000,000 per cubic millimeter, and the hemoglobin increased to 50 per cent.

Case IV. Miss H., aged 17 years; chlorosis; appetite poor; generally vomits after meals, which consist of coffee and toast; complains of incessant headache; considerable dyspnea after slight exertion; often wakes up with cardiac palpitation; lost slightly in weight; temperature, as a rule, about normal; pulse thin, and ranges about 100; nourishment fairly good; muscles flabby; skin pale yellow; mucous membranes pale and bloodless.

She was ordered a full, nourishing diet, and teaspoonful doses of Sanguiform night and morning.

During a period from April 18th to May 15th the blood-changes were as follows: April 18th, red-blood corpuscles 2,500,000, hemoglobin 40 per cent. May 15th, hemoglobin had increased to 60 per cent., and the red corpuscles were 3,400,000, and on May 25th the hemoglobin was 60 per cent., and the red corpuscles had increased to 4,000,000.

Case V. Mrs. Mary S., aged 60 years; very reduced case of anemia; lips and conjunctivæ pale, skin lemon yellow; blotches indicating disturbance of the liver; accumulation of gas in the intestines; blood corpuscles only 1,400,000 per cubic millimeter. Had been treated with all the various preparations of iron, arsenic, etc., prescribed for such conditions, together with protonuclein and many so-called rebuilders, but all with absolutely no benefit, the patient growing progressively worse.

On May 2d she came under my observation; was reduced in flesh; had no appetite, did not rest well at night; complained of pain in the limbs; bowels constipated; could not stand any exertion; feet and ankles swollen, and eyelids edematous.

I first directed my attention to regulating her secretions, when she was put upon Sanguiform, teaspoonful doses night and morning, with a full, nutritious diet, to which was added a milk punch every three hours. Evident improvement was noticeable after the first week, she was feeling stronger and slept better. This progress was steadily continued until May 28th, when she was found to have gained eleven pounds in weight, and on June 20th she was discharged in excellent condition, with a good appetite, and color almost normal.

The microscopic examination of the blood on May 10th revealed an increase of 400,000 red corpuscles, and on May 26th an increase of 800,000 more; and on June 7th, five days after discharge (but with a continuation of Sanguiform) of 1,200,000—a total of 2,300,000 (more than doubled); not of a robust grade of blood, but quite hearty for one of her age and temperament, and evidently on the increase, with a prospect of better health than she would have ever enjoyed but for having this treatment.

Case VI. Girl, 16 years old, affected with pronounced chlorosis. The disease was of almost two months' standing, and attended with general functional disturbances. There was mental anxiety, a disinclination to work, to enjoy life, or move about; marked muscular weakness, cardiac palpitation, difficulty in breathing, loss of appetite, headache, vertigo, restless sleep, alternating with sleeplessness. The patient came from healthy parents, and had always been

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healthy, and menstruated for the first time in her fifteenth year, but scantily and irregularly. There was marked pallor of the mucous membrane; the lungs were normal; the area of cardiac dullness was enlarged toward the right side; bellows-murmurs were heard over the jugular veins. The radial artery was very small and soft; the pulse frequently ranged around 110. The spleen and liver were normal in size; there were no glandular swellings; the bones were not tender to pressure.

An examination of the circulating fluid revealed the following: the percentage of hemoglobin was 35 per cent.; the red-blood corpuscles were 2,700,000 per cubic millimeter. The white cells were not increased, otherwise the blood was normal. The patient was at once put on Sanguiform in teaspoonful doses night and morning, and was advised to live on a highly nutritious diet, with an abundance of fresh air and outdoor exercise; at the end of the second week the percentage of hemoglobin was increased to 60 per cent., and the red corpuscles to 4,100,000 per cubic millimeter. At the end of four weeks' treatment the percentage of hemoglobin was increased to 75 per cent., and the red-blood corpuscles to 4,900,000 per cubic millimeter.

From the beginning there was perceptible improvement in the patient's subjective and objective symptoms, the existing disturbances subsided gradually; the cardiac palpitation, loss of appetite, and sleeplessness disappeared, and, after four weeks' treatment, the patient was discharged cured.

Case VII. Anemia; Mary R., aged 26; May 10th, anemia of three years' standing; subjected to many treatments without appreciable improvement. All symptoms of a well-defined case, with insomnia, and a highly neurotic condition; the blood deeply impoverished in cells and hemoglobin. After regulating the secretions, a tonic to stimulate cell proliferation and glandular functions was given, with Sanguiform in teaspoonful doses every night and morning. Not much improvement ensued until after the twentieth day, when a decided and rapid improvement began. Patient gained rapidly in weight, slept well, and felt stronger, had better appetite, and complexion became rosy. June 7th, patient had gained seven pounds in weight, and the condition of her blood was almost up to the normal standard.

Case VIII. Lillian D., age 32; May 9, 1902, came under observation, suffering with all the symptoms of well-defined anemia; low standard of hemoglobin and red corpuscles, with an excess of leucocytes. The patient had been treated by several physicians with various forms of iron and other so-called blood-makers, but in spite of them all she had grown steadily worse. Patient was ordered Sanguiform in teaspoonful doses night and morning; port wine was ordered with meals. This treatment was kept up for a month, when a blood examination showed that the circulating fluid was almost normal in every respect, the hemoglobin was normal in amount, her health was greatly improved, she had gained nine pounds in weight; her color was now good, and her strength was restored.

Case IX. Age 24; consulted me April 26, 1902, presenting the symptoms of a well-defined case of anemia; impaired digestion and appetite, insomnia, and a marked deficiency of red corpuscles and hemoglobin, with an increase of leucocytes; the case was of several years' standing, and had resisted persistent treatment at the hands of competent clinicians; weight originally was 140 pounds, now 110. With appropriate constitutional treatment, and attention to the secretions and a regulated diet, she was ordered Sanguiform in teaspoonful doses three times daily after meals. In two weeks the doses were changed to two tablespoonfuls night and morning and one tablespoonful at noon, the patient having already been greatly improved, feeling stronger, sleeping well, appetite much better, and blood showing a decided increase of red corpuscles and hemoglobin. On May 20th the patient had gained eleven pounds, and her blood was near the normal standard.

Case X. Bessie L., from Virginia, age 27; presented herself at my office for treatment on February 25th; an examination revealed anemia and general malnutrition; blood profoundly lowered in quality; all the usual symptoms of a marked case of anemia: pale gums, waxy complexion, loss of flesh, swelling of feet and ankles, and general functional disturbance; insomnia so bad that patient could sleep but very little during the night; added to the distressing insomnia, she suffered at night with the most agonizing neuralgia.

Her digestion was giving much anxiety, and I had to direct my attention to the gastric disturbance before beginning treatment, after which I prescribed nerve-tonics for the neuralgia, and directed my attention to the secretions, which were soon dis-

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charging their respective functions; then I prescribed Sanguiform in teaspoonful doses night and morning, having ordered a well-regulated, nutritious diet. After being on this regimen for several days, she would awake in the mornings greatly refreshed and improved; the neuralgia soon yielded to appropriate treatment. March 10th, improvement was marked. Sanguiform was continued, and on the 19th the blood examination showed very little shortage of red cells and hemoglobin, and externally the patient presented every appearance of restored health.

Case XI. L. C., female, age 22; presented the typical appearance of chlorosis, complained of great weakness, headache, tinnitus aurium, attacks of dizziness, and syncope. Examination showed a weak, irregular heart-action, anemic murmurs, a pale, pasty skin, and colorless mucous membranes. An examination of the circulating fluid showed 3,420,000 red-blood corpuscles to the cubic millimeter, with a great reduction of hemoglobin.

After giving proper attention to the secretions, she was placed upon Sanguiform in teaspoonful doses night and morning; after three weeks' treatment she was much improved. The blood-count showed 4,700,000, and a gratifying increase in the hemoglobin, which was almost to the normal standard. The patient had gained nine pounds, and her complexion had changed from the green, pasty hue characteristic of chlorosis to a healthy appearance.

Case XII. Scrofulosis. L. M., 15 years old, has an hereditary tubercular diathesis derived from the paternal side. His father is still living, although suffering from chronic tuberculosis. A careful survey of the patient showed signs of scrofulosis of a medium degree; an examination of the blood showed: red-blood corpuscles, 3,700,000 per cubic millimeter; hemoglobin, 83 per cent. of the normal. After regulating the secretions, I ordered Sanguiform in the usual dose, together with an invigorating diet.

At the end of the third week a very decided improvement could be noticed, especially in respect to the digestive and trophic conditions, as well as in the lad's general appearance. The appetite had increased. Another examination of the blood showed that the red-blood corpuscles had increased 350,000 to the cubic millimeter, while the proportion of hemoglobin had increased to 87 per cent. of the normal.

The treatment was persevered in, and at the end of seven weeks the improvement had become plainly visible, and the pathological symptoms were gradually disappearing.

At the end of the tenth week the objective examination of the blood showed the presence of 4,970,000 red-blood corpuscles to the cubic millimeter; the hemoglobin amounted to 97 per cent. The pathological symptoms had entirely disappeared. The complexion had become rosy. The body-weight had increased twenty-one pounds.

The results of the clinical experiments reported above point favorably to Sanguiform as a blood-tonic, stomachic, and alterative. Analogous preparations hardly achieve the results secured with this preparation, and various comparative experiments conducted in this manner confirm my statement.

In view of these excellent results with Sanguiform, it was of interest to me to study in a number of suitable cases the effects of this preparation on the digestive functions, as well as with regard to the improvement of the blood, without, however, resorting to accurate mathematical data.

My observations are such as can be easily confirmed by any physician, since they were all made in private and hospital practice, and rest on bedside and office notes. I have used the preparation to a considerable extent ever since it was brought to my notice. Owing to some specially good results obtained in this series of cases, I was led to record the results of an experimental research on which this paper is based. A careful study of the clinical report will, I trust, be of interest to the profession.

Intestinal Gases.

Reid Hunt (*Reference Hand Book of the Medical Sciences*) states that the bacteria of the small intestine attack carbohydrates rather than proteins. The kinds and amounts of gases formed vary chiefly with the food. Much hydrogen is produced with a leguminous diet and in butyric acid fermentation. Marsh gas is developed from cellulose, and hence is especially abundant in the intestines of herbivora.

Dr. Leuf's two books, Practical First Principles ($1.00) and Practical Obstetrics, Gynecology and The Menopause ($2.50) are written in his well-known masterly style. Worth many times their price. Address *Medical Council*.

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Book Reviews.

THE MEDICAL EXAMINATION FOR LIFE INSURANCE, AND ITS ASSOCIATED CLINICAL METHODS. With Chapters on the Insurance of Substandard Lives and Accident Insurance. By Charles Lyman Greene, M. D., St. Paul, Minn., Clinical Professor of Medicine and Physical Diagnosis in the Univ. of Minn. With 99 illustrations. Published by P. Blakiston's Son & Co., Philada., Pa. In cloth only, net, $4 00.

This book is peculiar to itself and fills a place that has long been vacant in medical literature. It is alike beneficial to those who aspire to do medical examining for Life Insurance and to the ordinary practitioner. Its history of Life Insurance from the earliest time long before the Christian era to the present is both interesting and instructive. The chapters devoted to diagnosis of disease can well be read by others than Life Insurance examiners. Especially is this true of those treating of chest diseases and on examination of urine. Also the chapter on early detection of tuberculosis. Many of these articles would do credit to much larger works.

Accident Insurance is well handled, touching on self-inflicted injuries, injuries by burglars, and intentional injuries. All are handled in a masterly manner.

Taking the book from first to last, it is filled with good knowledge well presented, and much of it reads with as much interest as a novel. When one begins a chapter he does not care to leave it until completed. It is a book that should not only be in every medical library, but the subject should be taught in our medical schools everywhere.

OPERATIVE SURGERY. By Otto Zuckerkandi, Privat-docent in the Univ. of Vienna. Edited by J. Chalmers DaCosta, M. D., Clinical Professor of Surgery in Jefferson Medical College, Philadelphia; Surgeon to the Philadelphia Hospital, etc. With 24 Colored Plates and 217 illustrations in text, Cloth, $3 00, net. W. B. Saunders, 925 Walnut Street, Philadelphia, Pa.

While this work is a foreign one, it is edited by a noted American surgeon, and this alone should entitle it to a careful examination by every American surgeon. After one reads it and looks at the magnificent plates it contains, he wonders how he ever got along without it in his library.

The colored plates showing the ligation of arteries in various parts of the body are the closest to seeing the real parts one can well get.

The use of the Murphy Button is exceptionally well shown. One can almost believe he is standing over the real patient and seeing the surgeon as he does the operation, so clearly is it shown in the colored plates.

Brasini's Operation for inguinal hernia is equally well shown. An experienced surgeon, though he has never seen the operation done, can get such a clear idea that he can well perform the operation by the description and the most excellent plates shown in colors.

While the book does not cover so many subjects as some operative surgeries, what it does treat is handled in a masterly manner, and the plates are of great aid in clearly understanding the text. The book is a neat little volume of some 400 pages, and should be in the libraries of all surgeons, and even the general physician would find it profitable.

MODERN SURGERY, GENERAL AND OPERATIVE. By John Chalmers DaCosta, M. D., Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia; Surgeon to the Philadelphia Hospital and to the St. Joseph Hospital, Philadelphia. Third edition, revised and enlarged, having 493 Illustrations. Cloth, $5.00. Half Morocco, $6.00. W. B. Saunders & Co., Philadelphia and London.

This work is modern and up to date in every way, both in workmanship and in text matter.

The portion devoted to bacteria is exceptionally clear and well presented, as are asepsis and antiseptics. Surgical cleanliness and the preparation of room, patient, and everything required in an operation are clearly and briefly described. Yet it is so important a subject that it is fully covered by the writer.

Forty-five pages have been devoted to inflammation and its treatment. It has been handled in a most clear and exhaustive manner.

Gangrene and its treatment is valuable alike to the student and the regular practitioner.

The article devoted to syphilis is especially valuable to the general practitioner, as the treatment outlined is such that probably more patients are benefitted by it than by any other method known.

Nearly two hundred pages have been devoted to fractures and dislocations. That so important a subject could be so thoroughly treated in such a short space one wonders that it is so clear and at the same time so fully covered as it is. Every important fracture and dislocation is well looked after, both as to diagnosis and treatment.

The special articles on abdominal surgery are interesting and instructive, those portions covering surgery of the intestines are modern and up to date.

Brain surgery has its place in the work, and is well worth reading by surgeon, general practitioner and student alike.

The chapter devoted to "The Rontgen Rays" is one that no one interested in medicine will be likely to pass without reading carefully; and whether one is specially interested in electricity or not, if he once begins to read this chapter he is likely to finish it.

Taking everything into consideration, this book is one that should be in the library of every practitioner and student and used as a text-book in our colleges.

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A TEXT-BOOK OF PRACTICAL OBSTETRICS. By Egbert H. Grandin M. D., Gynecologist to Columbus Hospital, with the colaboration of George W. Jarman, M. D., Gynecologist to the Cancer Hospital, Instructor in Gynecology in the Medical Department of Columbia University. Third edition, revised and enlarged. Illustrated with 52 fnll-page photographic plates and 105 illustrations in the text. 512 pages. Published by F. A. Davis Company, Philadelphia, New York, and Chicago. Price, net, cloth, $4.00; sheep, $4.75.

This book is divided into four parts: Pregnancy, Labor, The Puerperal State, and Obstetric Surgery.

The book is alike valuable to student and practitioner. Each part is complete in itself, and each contains much that is presented in such a way that, while it is new, it makes the reader feel that he is reading something he has never known before.

Especially is the fourth part valuable to the bnsy practitioner. Everything is so plain, so little of anything to read that is not to the point in question, and every line conveys common-sense advice to student and practitioner alike. It is thoroughly up to date in every way, and is a book that no physician who does obstetric work can afford to be without. Judging this book upon its real worth, it is one that should be used in colleges and be in the hands of every student.

A HANDBOOK FOR NURSES. By J. K. Watson, M. D., Edin, Late House Surgeon. The American edition under the supervision of A. A. Stevens, A. M., M. D., Professor of Pathology and Lecturer on Physical Diagnosis, Philadelphia. W. B. Saunders, 925 Walnut Street, Philadelphia.

This is a closely-printed 12mo. book of 413 pages, freely illustrated, and enriched with marginal subtitles. The objection to the book is that it does much more than it should. It undertakes to give nurses information upon subjects that it is more their business to know nothing about than to understand. One of the most important sections of the book for nurses is, unfortunately, its shortest part, an appendix of four pages, giving instructions upon cold compresses, ice-bags, cuppings, poultices, leeching, blistering, etc., things a nurse should know thoroughly. In short, the book abounds with information that does not add so much to the efficacy of the nurse as it tends to increase her meddlesomeness. It is a book that might be placed in the hands of some students, but one that we should not recommend to a nurse for improvement in her chosen work, feeling satisfied that it would mar her efficiency, increase her meddlesomeness, and be injurious to herself, her patients, and the attending physician.

PERSONAL HYGIENE By Walter L. Pyle, A. M., M. D. With contributions by Drs. J. W. Courtney, George Howard Fox, E. Fletcher Ingals, B. Alexander Randall, G. M. Stewart, and Charles G. Stockton. Illustrated. W. B. Saunders, Walnut St., Philadelphia. Price, $1.50 net.

This book considers in separate chapters the hygiene of the digestive apparatus; the skin and its appendages; the vocal and respiratory apparatus; the ear, eye, brain, and nervous system, with a disquisition on physical exercise. The different departments are handled by specialists in their respective lines, and who consider the supjects of the book in an admirable manner. It is a book that is readily understood by the layman, and could, with advantage, be possessed and studied by any person of average intelligence. It is a little octavo handbook of 344 pages, that gives many practical pointers to the physician, and may be commended by him to his patients for purchase and study.

DAVIS'S OBSTETRIC AND GYNECOLOGIC NURSING. By E. P. Davis, A. M., M. D., Professor of Obstetrics in Jefferson Medical College, and Philadelphia Polyclinic. 12mo., 402 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Co., 1901. Price, $1.75, net.

The author of this book is a level-headed man, which quality permeates the entire book. It is full of practical pointers for nurses, teaching them the many things that they should know, and yet rarely, if ever, going into details beyond their necessities. The book can hardly be said, in any place so far as we have been able to see, to attempt teaching anything that would tend to make a nurse officious or meddlesome. The dividing line between the physician and the nurse is remarkably well kept in mind throughout its pages. This is of greater import to the nurse even than it is to the physician or patient, for it insures her maximum efficiency without any of the drawbacks due to the presumption usually entailed by a little extra knowledge. We commend the book without qualification for study by obstetric nurses, and consider it superior to any other of a similar nature with which we are acquainted.

SHOULD WE DRINK WINE? A physician's study of the alcohol question. By Dr. Jno. Madden, Professor of Physiology in the Wisconsin College of Physicians and Surgeons. Octavo, 220 pages. 32 and 33 Sentinel Bldg., Milwaukee, Wis.

This is the best book we have seen upon this subject. The author's temper in debating the subject is judicial, and his grasp of it comprehensive. There are twenty pages of historical consideration of the subject, followed by the chemistry of alcoholic beverages, their food-value, alcohol as a stimulant, together with its effects upon digestion and assimilation. He then considers the general pathology of alcoholism, and its effect upon the different organs and tissues of the body, as well as that upon the embryo, and its influence in heredity. He next considers the attitude of the profession toward alcohol in its various forms; the popular fallacies regarding alcoholic beverages; as to whether or not they should be prescribed by physicians; the effects of alcohol upon civilization, and the best means of combating the alcohol evil.

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The profession is justly held responsible for much existing drunkenness due to the prescribing of alcoholic beverages, and the question is raised and carefully considered as to whether or not alcohol is of any value in the treatment of disease, the author showing that that there are competent practitioners who believe it to be utterly useless, if not harmful, in all cases, and that there are other things that can be used as stimulants more effectively and with fewer objections than applies to alcohol. The questions considered in this book, and the manner in which it is done, make it a desirable possession for any practitioner of medicine.

SEXUAL HYGIENE. Being a compilation from books, articles, and documents, some not previously published, by the editorial staff of the Alkaloidal Clinic. The Clinic Publishing Company, Chicago. Price, $1.00.

This book has been previously criticised as both good and bad. As to which is correct depends upon the point of view. It is a 12mo. volume of 296 pages, that can readily be carried in the pocket. Books of this kind are often adversely criticised for telling the plain truth in a straightforward, easily-understood way. It would be far better, however, if it was customary to discuss these questions frequently, rather than keep people in as utter ignorance of them as is customary. If matters of this kind cannot be freely discussed in a medical work, the view-point of the profession is decidedly out of place. The book is not uniform because of its mixed authorship. Its tone is honest and evidently sincere. The avidity with which such books are bought up and read is by no means as much attributable to a morbid curiosity as to a healthy desire to learn something about that mysterious and most powerful force in all Nature that tends to bring the sexes together, regardless of the consequences imposed by man-made regulations. People naturally desire, and have a right, to understand the forces that sway them regardless of consequences, if there is any way of doing so. This book is a help in that direction, and is little likely to injure anyone not already hurt and morbidly inclined.

PRACTICAL PROGRESS FOR PATIENTS AND PHYSICIANS. By J. A. Cox, M. D., Wheeling, W. Va. Price, $1.00; by mail, $1.25. Bound in paper, 126 pages, 8vo.

This book is an oddity and a peculiar combination, in fact, an incongruous conglomeration of propriety and impropriety, of good common sense and nonsense. It seems to be intended as an advertisement for the doctor, who appears to do an office business payable monthly, with the book as a premium to those who have "paid up." The preface begins with the quotation from Bacon: "Some books are to be tasted, others to be swallowed, and some few to be chewed and digested," and is followed by the author's first sentence, "This book is to be digested," to which we say "Amen," with the admonition, however, that portions of it are likely to cause a fit of indigestion. We are frank to say that any doctor who carefully reads it will obtain from it pointers exceeding many times in value the cost of the book. We have no doubt that those who buy it will not regret its purchase.

SYPHILIS. A SYMPOSIUM. Consisting of special contributions by 17 well-known writers. E. B. Treat & Co., 241 and 243 W. Twenty-third Street, New York. 1902. $1.00.

This book is a collection of articles that appeared in the *International Medical Magazine*, and were then considered of interest and value. It is a collection of thoughts upon the various phases of syphilis, by men thoroughly competent to discuss the subject. The practical information contained in this litle book of 122 pages is worth many times its cost.

WORTH ITS WEIGHT IN GOLD.

This is what Dr. Abbott, editor of the *Alkaloidal Clinic*, says in the quiz columns of his journal for August, 1902, in reply to a question regarding a book on BUSINESS for Physicians:

"Dr. J. J. Taylor, of the *Philadelphia Medical Council*, published a book on the Business Aspect of the profession which is WORTH ITS WEIGHT IN GOLD. I havn't heard of it recently and it may be out of print. Write to the doctor and ask about it."

We thank Dr. Abbott very much for his kind words regarding the book, and take this opportunity to inform the profession that this book is ***NOT out of print,*** and that we still have a LIMITED number on hand, which we will supply as long as they last at 50 cents. This book is not for sale by anyone other than *The Medical Council*, and after this supply is exhausted cannot be duplicated.

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PRINCIPLES OF SURGERY. By N. Senn, M. D., Ph. D., LL.D., Professor of Surgery in Rush Medical College in Affiliation with the University of Chicago. Third edition. Thoroughly revised, with 230 wood engravings, half-tones, and colored illustrations. Royal Octavo. Pages, xiv–700. Extra cloth, $4.50, net; sheep or half-Russia, $5.50, net; delivered. Philadelphia: F. A. Davis Company, publishers, 1914–16 Cherry Street.

Words of commendation for anything upon a surgical subject by Dr. Senn are superfluous, for he is justly recognized as one of the great masters of the subject in this country. With his customary thoroughness, he has offered to the profession in this third edition a fully-revised work, with many additions, and particularly two new chapters, one on "Degeneration," and the other on "Blastomycetic Dermatitis." There are also additional illustrations, mostly original. The work is of such uniform excellence that it is impossible to praise portions without being unfair to that which is not mentioned. It is unquestionably one of the—if not *the*—most splendid works upon this subject in the country to-day.

PROGRESSIVE MEDICINE. Vol. II, June, 1902. A Quarterly Digest of Advances, Discoveries and Improvements in Medical and Surgical Sciences. Edited by H. A. Hare, M. D., Professor of Therapeutics and Materia Medica in Jefferson Medical College, Philadelphia. Octavo, cloth, 440 pages, 28 illustrations Per volume, $2.50, prepaid. Per annum, in four volumes, $10.00. Lea Brothers & Co., Philadelphia and New York.

This book is of unquestionable value to the progressive physician who desires to be up to date in the different departments of medicine. For instance, there is a full description of the more recent operations upon the kidney. Anyone desiring to do Edebohls' operation upon the kidneys, a description of which appeared in the *Annals of Surgery* of February, 1902, will find it here in book form, and well illustrated. Also, there are operations upon this organ. The surgery of the abdomen, including hernia, is by Dr. Wm. B. Coley, who presents the subject in a terse, clear, and practical manner. The like may be said of gynecology by Dr. John G. Clark, while Dr. Alfred Stengel takes up diseases of the blood and ductless glands, and the hemorrhagic and metabolic diseases, showing the recent advanees made in this department. The subject of ophthalmology is satisfactorily handled by Dr. Edward Jackson. At least, the book contains more than 400 pages of valuable information on recent advances.

An old physician says that a decoction of quassia to which a little borax and glycerine have been added, will remove lice and other parasites from the hair better than any other known remedy.

Difference in Adult and Infantile Types of Malaria.

The following chart shows some of the differences between malaria in the adult and in the infant:

Adult Type.

The tertian is the common type.

Three distinct stages: cold, hot, sweating.

The cold stage is well marked. Generally a chill is observed.

Nausea and vomiting not uncommon.

Hot stage. Fever is always present.

Stage of sweating marked.

Periodicity marked.

Anemia.

Spleen enlarged.

Nervous system not greatly affected.

Jaundice occasionally.

The disease does not often present variations from its usual form.

Infantile Type.

The quotidian is the common type.

One distinct stage: the hot stage of fever.

Often this stage is so slight as not to be remarked. The chill is generally absent, sometimes occurs. Convulsions and involuntary muscular contractions are seen at times. Most commonly, a pale, blue-lipped, pinched face is seen, with shrunken eyes. Or the child is drowsy, tired, listless, and yawns. Nausea and vomiting are common, occurring in about two-thirds of all cases.

Fever is always present, and is often the only distinct symptom observed, and on its periodical recurrence often depends the diagnosis. The temperature ranges very high, 104° F. to 108° F.

Sweating stage often absent or very slight and not noticed.

Periodicity marked.

Anemia marked.

Spleen enlarged.

Nervous system often profoundly affected.

Jaundice occasionally.

The disease often presents peculiar manifestations.

Quinin is the specific remedy. Arsenic

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stands next, and is of great value. Children bear both of these drugs very well. Powdered cinchona bark, mixed with powdered licorice root, is most serviceable. In cases that persist, removal to a section free from malaria is imperative.—*Dr. Wm. A. Northridge, in the Brooklyn Medical Journal.*

Evil Effects of Uncontrolled Prostitution.

"Miss May, a prostitute, 23 years old, consulted me in August, 1891. She had a chancre of the urethra. I advised rest from her occupation, but was told, on my next visit two days later, that she had entertained seven men during the previous night. Four weeks from this date a traveling salesman, 36 years of age, married, consulted me. He said he had visited my patient, Miss May, about a month ago, and had contracted a disease. He was afraid he had inoculated his wife, and arranged to bring her to my office for examination. I found, on examination, two well-developed chancres of the right labium, and a pregnant womb. Six months later she gave birth to a seemingly healthy child. Ten days later I was called to see the babe, and was told by the mother that it had scarlet fever. I found the temperature 104° F., and the body covered with an eruption. The usual syphilitic treatment seemed to improve the patient until the end of the third week, when I was again summoned because the child could not open its eyes. An oculist was called, and the child treated for syphilitic conjunctivitis.

"Until forty-eight hours previous to this visit, the child's eyes seemed to be free from disease, and the mother thought it had taken cold while on a visit to her parents. I heard no more of the case for four years, until about a yearago, when the father consulted me again, but not professionally. He wanted me to refer him to some one who would put the child in a blind asylum to be cared for until it could care for itself. He had lost his turbinated bones and his position on the road. His wife, who seemed well before the birth of her child, was now bedridden after undergoing ovariotomy.

"Now, if Miss May had been quarantined when I visited her the first time, might not this wife and child have escaped this disease? If so, is not every man and woman who has a voice in government affairs morally responsible for their condition?

"Another patient with primary syphilis refused even charitable treatment, and carried a book wherein she kept the number of men she had inoculated. When I first saw her, she declared the number had reached two hundred and nineteen, and that she would not be treated until she had had revenge on five hundred men.

"What can we as intelligent men and women mean by allowing such parasites to run at large? I have practiced medicine fourteen years, and have been chairman of the police committee of the Illinois Women's Alliance for the past two years. I have had untold experiences with this class of women. I believe that examination, and quarantine until the inoculation stage is past, would protect innocent wives, and save thousands of children yet unborn from coming into the world with syphilis, the only legacy that many of them will ever inherit from their parents." [*Dr. Luella Day-Underhill, Modern Medicin, 1899*].—*From Dr. Isidor Dyer's pamphlet on "The Municipal Control of Prostitution."*

The Influence of Color Upon Anopheles.

The author finds that dark blue is the most attractive color to *Anopheles maculipennis*, while the insects seem to have an aversion to light colors, especially yellow. This constitutes still another advantage of the khaki uniform.—*Dr. G. H. F. Nuttall, in Brit. Med. Jour.—N. Y. Med. Jour.*

[We should like to have our country friends take cognizance of this alleged fact, and would be pleased to publish their experiences therewith.—Ed.]

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The Unrecognized Chancre.

In the *International Medical Magazine* for October, William S. Gottheil calls attention to the frequent insignificance and fugacity of the syphilitic initial lesion, which leads to its non-recognition in quite a large proportion of cases. Ignorance of its occurrence, and not voluntary falsification, is the cause of the frequent absence of a syphilitic history in undoubtedly specific cases. The author calls attention to the following points of diagnosis:

1. The presence of a tumor as the original lesion. In its essence, and invariably at the beginning, the chancre is a small round-cell accumulation in the skin or subcutaneous tissue. Ulceration may occur, and usually does, and even phagadenism; but these are accidental, and epiphenomenal, and almost invariably the specific induration is appreciable at the base of the lesion.

2. The tumor is indolent, painful, and recalcitrant to treatment.

3. A peculiar, characteristic "stony" induration of the nearest lymphatic glands accompanies it, different from the general adenopathy that occurs later as a consequence of the systemic infection. Other lesions, as gummata, do not show it.

4. Chancre runs its full course in a few weeks, whilst tuberculosis takes months, and carcinoma even years for its development.

5. The well-known signs of general luetic infection, osteocopic pain, cephalalgia, synovitis, general lymphadenitis, exanthem, etc., must be carefully and persistently searched for in every suspicious case. They may be so slight as to entirely escape careless examination.

London Cough Mixture.

℞	Ac. benzoici	gr. xij.
	Ol. anisi	*m*ij.
	Spir. ammon. aromat.	ʒjss.
	Spir. æther. nitrosi,	
	Vini ipecacuan.	āā ʒiij.
	Tinct. capsici	*m*xx.
	Glycerini	ʒiv.
	Infus. senegæ (conc.)	ʒiij.

M. Allow to stand until clear, and decant.
S.—Teaspoonful every three hours.

Useful Notes.

Doctor, do you want to renew your worn-out medicine case? Send for the catalogue of the Western Leather Mfg. Co., 43 Wabash Ave., Chicago.

Triacol is a remedy of great value in diseases of the air-passages. Now, at the beginning of the cool season, you will need this remedy in many cases. Write the Alpers Chemical Co., 45 W. 31st St., New York, for valuable literature and samples.

Dr. Geo. W. Overall, 92 State St., Chicago, (formerly a contributor to THE COUNCIL) has given the profession the benefit of his many years of experience in his special line of work in the form of a book on Diseases of the Prostate Gland. Write him for prospectus. Mention MEDICAL COUNCIL.

Tuberculosis in a Snake.

A very interesting case of tuberculosis has just come to the attention of medical experts in Chicago. A large snake has died of tuberculosis, a disease so rare among cold-blooded animals. For several months a large African boa-constrictor in the Academy of Science has refused food. Its suffering was so great the authorities decided to chloroform the reptile in order to end its misery. To the great astonishment of the operating scientists at the autopsy the bronchial tubes, lungs, and liver were entirely filled with the true germs of tuberculosis.—*Yale Medical Journal.*

Office of Dr. C. W. Price, Richmond, Maine.
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(Continued over next leaf.)

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THE

Medical Council

A MONTHLY JOURNAL FOR THE PHYSICIAN AND SURGEON.

"WE FIND WISDOM AND STRENGTH IN COUNCIL."

J. J. TAYLOR, M. D., Editor and Publisher. | PHILADELPHIA, PA. | A. H. P. LEUF, M. D., Associate Editor.

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NOTE OUR CHANGE OF ADDRESS.

Our subscribers and correspondents will please notice our change of address from 12th and Walnut Streets, to 4105 Walnut Street. This is another step in the substantial progress of THE COUNCIL.

We thank our loyal friends for their enthusiastic co-operation, and shall strive to deserve it even more in the future than in the past.

The Cold Weather and Children.

The advent of colder weather brings with it the necessity of caring for infants and small children as particularly as we find it necessary to do in the hot months. It is just as important to keep them warm in the cold weather as it is to keep them cool in mid-summer. The average temperature of a child is a little higher than that of the adult. Their small bodies give up heat quicker and in larger proportion than do those of adults under similar conditions. Besides, they are unable to properly take care of themselves against changing temperatures, mainly because of their lack of knowledge. They are also really exposed to lower temperatures and more drafts than are their elders, because smaller in stature, and most of the time playing upon the floor, thus living in the lowest and, therefore, coldest stratum of air to be found in dwelling-houses, and subject to the draft from windows and under doors. These are some of the reasons why children are more subject to "colds" than are adults.

A child will divest itself of its covering, disarrange its own clothing so as to be exposed to cold and be the conscious sufferer afterwards, of which it often does not hesitate to give ample evidence, though unable to understand the reason for its discomfort, and ignorant of the proper remedy.

The commonest manifestations of these frequent exposures of the child to cold are in inflammatory conditions of the nasal and pharyngeal mucosa. The child gets the "snuffles," a running nose, some sore throat, is croupy at night, feverish, and peevish. The usual treatment consists in the application of "home remedies" that are innocent, and often more or less efficient, besides the conglomeration of expedients of ignorance and

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superstition handed down from generation to generation by stupid old women who ought to know better. This is the result of habit more than it is to be smart or save a doctor's fee, for it is much indulged in by those who never pay a doctor.

The important thing to bear in mind in these conditions is, that they are apt to become chronic if their causes are not removed, though tending to rapid disappearance if the child is kept under favorable conditions. We all know the deleterious effects of pharyngeal adenoids in causing mouth-breathing and curtailing mental development, besides causing more or less broadening and flattening of the nose, with resulting facial disfigurement added to later by a lack of development of the maxillary, frontal, and ethmoid sinuses from non-use because of the failure to breathe through the proper channel, the nose. In the same way will a chronic inflammation of the mucous lining of the nose cause its thickening and hypertrophy, and resulting occlusion of the nasal passages, thus bringing about a condition having much the same effect as the presence of a large bunch of adenoids at the posterior nares.

The more or less stupid look of the chronically snotty-nosed child has reason for its existence, being due to the causes specified.

Mouth-breathing also has its directly painful effects, being injurious to the development of the teeth because damaging to the whole oral mucosa, as well as irritating to the upper respiratory mucous membrane, which it also, in time, if the cause be long enough continued, causes to undergo pathologic changes. When a physician, therefore, is called upon to treat a little tot in such a plight, he renders but a slight service in the giving of medicine, though a relatively great one in informing the mother of the probable causes of the child's condition, and instructing her in its prevention. Besides this, he should urge upon her its great importance as regards the future health and mentality of her offspring. Most mothers will be grateful for the advice, and will convey it to many others, despite her possible irritation at having thus thrust upon her the necessity for additional care.

The doctor's work, first of all, is to do the greatest good he can, especially for those who come to him for this purpose. That man is unworthy of his calling who is satisfied to prescribe a little medicine, and give no further advice, especially for the prevention of a recurrence of the same trouble, being satisfied to be called repeatedly in the future for the same purpose, and with a like result. It is his duty, no matter how slight his compensation, or if he has none at all, to guard his patient against a recurrence of a like attack. His responsibility is all the greater if this is a child, because it is dependent upon an intermediary for its own safety. Most mothers have household cares and other duties to contend with in addition to the care of their children. A woman already harassed with too much work and responsibility must be vigorously impressed with the necessity for carrying out the instructions given under circumstances of this kind, to insure their not being neglected. It is the physician's duty alike to the child and the mother.

The noblest part of our work is in preventive medicine, the cutting of the ground, our financial support, from under our own feet, as it were, in the common good. This is exactly as it should be, not only with us, but in all walks of life. Universally carried out, it would make the world an infinitely better place to

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live in. The complaint is often made that preventive medicine will lessen the need of physicians. So much the better.

Which is the Greater, Surgeon or Physician?

A short time ago we had the pleasure of observing one of Philadelphia's most expert surgeons do a series of operations, mostly abdominal, one afternoon. His work was much admired by those present, and upon some faces there was a look very properly interpretable as evidencing an inward hopeless longing to be equally as bold and proficient. How shallow the average human mind! By what strange mental stumble is the surgeon's mechanic work ranked higher than the finer discriminating analytic judgment of the physician? Let us consider a few comparisons.

The physician who treats a bad leg so that it is left intact, but a little lame, has to stand the onus of continued doubt as to whether or not some other physician may have achieved a perfect result. His bill is objected to, possibly, because seeming unnecessary or, at least, useless attendance. On the other hand is the short, quick, decisive work of the surgeon. He cuts off what he cannot cure. He often does this without attempting other measures, sometimes being governed by averages or percentage. His maimed patient is a continued evidence of his boldness and skill. It is popularly inferred that a man capable of cutting off a limb must be great.

The average judgment required of the surgeon is not nearly as great as that demanded of the physician. Failure to arrive at a definite conclusion as to the exact seat or nature of the trouble, particularly in the cavities of the body, is of small import to the surgeon, who invades its sacred precincts with impunity so that he may see and, if necessary, remove the difficulty if he cannot cure it. Some of the operations, such as fixation of a movable kidney, or of breaking up adhesions, is cobblers' work. Very little of the work done by the surgeon is comparable in ingenuity, deftness, and fineness to the work required of many artisans. Fine pictures done in embroidery or mosaic, and of the finer kinds of inlaying, may be mentioned as examples. Suturing the intestines, or doing plastic work of various kinds, requires more ingenuity and dexterity than many other kinds of surgical work, but yet not more so than is done by thousands of men and women in our large centers of population, though at an infinitely greater remuneration. The nicety of some of the work about the eye, probably the most delicate known to surgery, is nevertheless inferior in this very quality to the work done by many artisans, of which we may instance the jeweler alone.

What, then, we may ask, is it that makes the surgeon greater than the physician, particularly in the public eye? It is merely due to his violent attack upon the integrity of the human body. Without going into the numerous reasons for the sanctity with which the human body is viewed, dead or alive, it is sufficient to call attention to the fact of its very evident existence. Few men, outside of those specially trained for this purpose, ever undertake its invasion, except upon the impulse of the moment, and that almost always in the heat of passion with criminal intent. It is sometimes done deliberately, with the object of injuring, though even this is based in passion either for revenge or gain. Assaults of this kind upon the integrity of the body are properly viewed with disfavor amounting even to horror. On the other hand,

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when it is invaded for the benefit of the individual aggressed, those not trained to it are overcome with its realization. This feeling is due to complex emotions not now necessary to analyze, the importance of the operator being proportionately magnified.

These were only some of the thoughts which came to us that afternoon, and we could not help remarking to a gentleman standing beside us, that the work of the surgeon, after all, is merely that of a mechanic, and simplicity itself compared with that of the physician. The former doing work in plain view and ready to hand; the latter, mostly under cover. The former by direct means, the latter by those the most indirect. As to which of these means or practices requires the greater expenditure of judgment and patience admits of no question. The physician's work is the abler of the two. The cure of a disease is a greater desideratum than the removal of the part affected, though this cures the individual, but sometimes, however, at the expense of his future efficiency.

This is in no wise to detract from the full credit due the surgeon for his work, and for the remarkable progress made by modern surgery. It has unquestionably stepped in to save individuals where the physician's labors have already proved unavailing. This is a surgeon's good fortune, rather than all to his credit. Almost all portions of the body have been invaded by the knife to the benefit of the individual where medicine has proven itself helpless. One of the most notable instances, and the latest of these, is Edebohl's accidental discovery that the removal of the concentric pressure about the kidney by section of its capsule will materially relieve, if not entirely cure, chronic Bright's disease. Yet the exposure of the kidney and the section of its capsule is a most simple procedure. The point is that the physician's work requires more extensive learning, greater intuition, and more accurate and extensive reading than is necessary for the surgeon. The former reasons to conclusions from meager data, while the latter usually has his troubles under plain view, or so evident as almost to equal this, or going directly to the seat of trouble and exposing it, after which the necessary procedure is a simple mechanic one.

Bastardy and Illegitimacy—Its Sociologic Influence.

Stirpiculturists have not yet proven this nearly as active as the material at command would enable them to do. One of the most interesting questions in stirpiculture is the influence upon offspring of being born out of wedlock. It is not generally known that bastards, or illegitimates, more euphoniously designated and known as "natural children," have peculiarities as a class which, while not denied to other children born legitimately, nevertheless are found in them oftener than in others. We have but to look over history to get some indications of the influence of these traits upon the times in which these individuals existed. And the reasons for them are evident. Begotten in secrecy, contrary to accepted public opinion, in persistent intensity of emotion that braved the dangers of discovery and its inevitable penalty, together with the craftiness exercised for guarding against subsequent exposure, focuses with unusual intensity an exceptional series of qualities at a time when their impress is almost sure to be felt by and impressed upon the future offspring. The so-called natural children are remarkable for their mental and physical vigor, their alertness, their facility of deception, and their

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secretiveness. They are active, enterprising, and energetic. Their inherited tendency of dissimulation, prevarication, secretiveness, besides fixity of purpose, make them, as a class, masters of diplomacy, and many of the very best known to history have belonged to this group. Their energy and persistence against all obstacles have made them forceful leaders in some of the world's greatest movements. They have been irresistible time and again, unfortunately many times to the bad. That they have not been more so is indeed fortunate, particularly when we consider that they, as a class, are denied the beneficent effects of the home-training under the care of acknowledged and honored parentage.

Entirely aside from questions of heredity, natural children, as a rule, are sensitive about their origin, for reasons that are self-evident. This very quality modifies their others in many respects according to their environment. The qualities we have enumerated, so potent for good, may be turned towards harmful ends, as has so often happened, but for this society is more to blame than the individuals themselves. Sometimes they have developed—and we now speak of those known to history—a degree of boldness concerning their illegitimacy amounting to effrontery. It was thus with a natural child, a prominent figure in history, whose bastardy was the only motto upon his battle shield, under which he lead many thousands to victory, and himself to high and honored station. This instance shows, as do so many others, that it is, after all, the man and his deeds that count for much more than does the way in which he came into the world, at least so far as he himself is concerned.

The study is a most interesting one. Firstborn children, as a rule, have many of the same qualities, particularly the freshness and the vigor, the enterprise and the force of natural children. There are, of course, analogous reasons for this that readily come to mind. Later-born children are much different, having qualities directly opposed to earlier offspring, usually poorer in physique, but richer in mind. This is natural when we take into consideration the greater maturity, perhaps the waning physical powers, of their progenitors at the time of conception, though with minds probably in the acme of their development. Such children are apt to be physically a little older than their years, or, at least, limited in their capabilities, though precocious mentally, and of finer mind throughout life than those born early of the same parents. The questions deserve much more study than has been given them in time past, and we shall hope to have more to say upon it in the future.

Another Case of Successful Suture of the Heart.

The Revue de Chirurgie of January 10, 1902, contains an article of M. Fontan describing the case of a soldier stabbed in the left chest, and with evident signs of internal hemorrhage. The chest was opened and the heart exposed after the reception of the injury, the opening of the chest being followed by a gush of warm blood and air, with the lung protruding during inspiration and then collapsing, but receding entirely within a few moments. The diaphragm at first presented some convulsive movements, probably in imitation of respiration, and then became fixed. The lung was not wounded, but the small wound in the pericardium exuded foaming blood. This was enlarged, and followed by rapid and tumultuous cardiac palpitation. Th

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heart-wound, which gaped during systole, was promptly closed with number three catgut suture, which immediately stopped the bleeding. The pericardium and chest-walls were then closed, and the patient made a complete recovery without any inflammatory infection of the heart or its lining or covering membrane, though he did have a phlebitis of the lower extremity, pleurisy, pneumonia, and empyema, which latter made necessary the opening of his chest.

On the Internal Use of Carbolic Acid.

Dr. S. Henry Dessau, of New York City, in *Pediatrics* for September 15, 1902, recommends the internal use of carbolic acid in the form of a solution of the strength of 1, 2, 3, and 5 per cent., according to the age of the patient, an infant under one year of age receiving a teaspoonful of the solution every two hours, while a child of five years may get the same dose of a 5-per-cent. solution. This proportion may be reduced to rule by saying that a teaspoonful of a 1-per-cent. solution may be given every two hours for each year in age. The solution should be made up partly with glycerin, as this insures even solution of the carbolic acid. Cinnamon water is better than plain water, as it aids in disguising the pungency of the acid. It is almost needless to add, that only the chemically pure acid should be used. Always tell mothers that the medicine smells of carbolic acid, so that they will not be afraid to use it for fear that a mistake has been made. He considers it superior to creosote in pulmonary affections, and one of the best remedies for gastro-enteric antisepsis. The suggestion is also made that it may prove of special value in different diseases otherwise than as an antiseptic.

On the Change of Life in Women.

In another portion of this issue there is an article on the menopause. This subject has never received the general attention it so richly merits. We bespeak for those men who give it their careful consideration an ample reward in the resulting financial returns, and the gratitude of their patients. It must be borne in mind that there is no disease specifically peculiar to this period. All conditions occurring at this time are likely to be aggravated because of the increased nervous reflexes of the patient. These are primarily due, at least so it seems, to the disturbances of the pelvic viscera peculiar to the sex, the uterus and ovaries.

As would be supposed, *a priori*, remedies having a sedative effect upon these two organs almost invariably tend to ameliorate the sufferings incident to this period, or lessen aggravations of co-incident diseases. One of the most effective remedies in allaying uterine irritability or reflexes is cimicifuga, and that of the ovaries, pulsatilla. There are others, such as viburnum and sumbul, that are also efficient. As a general sedative in allaying excessive reflexes, we refer to the bromides.

Finally, we find it important to remind physicians of the fact that their manner towards patients has much to do with the efficacy of their treatment. Medicine offered to a woman at this period of life, in a state of nervous irritability, in a sympathetic manner, with assurances of interest, and confidence that she will be benefited or, at least, the sincere hope and wish that it may have this effect, together with the promise to do everything possible to lessen her sufferings, if not to cure her affliction, has in itself a decidedly soothing and gratifying influence.

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These patients consume more or less extra time, which is a serious objection to their psychic treatment by busy practitioners, though not so to beginners. Another advantage with the younger men is, that these women are too old to have their long stay in a young physician's office cause unfavorable comment, which might be of physicians at or near their own age. They are old enough and sufficiently experienced to average a larger circle of influence than is the case with younger women. Thus the beginner in the practice of medicine, by making friends of these women, and doing for them everything that he possibly can, regardless of the time it consumes, is really making capital for himself, and helping to build up his practice. It is thus that a class of patients who are a thorn in the side of a busy practitioner can be converted into a "godsend" to beginners.

Advice to Authors.

If you have anything to write, begin at once to say what you want to communicate, and end when you have finished. If you have a complicated message, arrange it in logical sequence, so that one fact follows the other in natural order. This makes reading, understanding, and recollection easier.

As the object in writing is to attract attention, and for ideas to gain currency, every effort should be made to do what is necessary to facilitate its accomplishment. One of the best ways of insuring this is having one's opinions quoted in other journals, thus enlarging the circulation of the idea, and increasing its currency. Manifestly an article requring condensation or abstraction will not meet with this result as readily as one which does not. It is advisable, therefore, for the writers of papers to end their articles with a brief summary clearly setting forth, in the shortest possible language, the main points of the paper, particularly its practical conclusions. It is a simple matter for editors to cut this off the end of an article, and hurriedly give it a proper top and bottom ready for the printer.

It is also advisable to select a proper title. This should always indicate, in the plainest and briefest manner, the context of the article. This is important for the purpose of attracting the attention of those interested in the subject and for facilitating indexing.

Attention to the Foreskin of the Newborn.

Too much stress cannot be laid upon the necessity of examining the foreskin of newborn children. This should be freely movable so as to entirely uncover the glans. There should be no smegma or other accumulations under it. Should it be tight or adhering, it is better to rectify it immediately. At this time the child is practically insensitive to the irritation of such a procedure, which can often be done almost unnoticed by those present. Because of the small size of the parts, there is also less stretching required in stripping back a tight prepuce, because of the smaller difference in size between the glans and the preputial orifice. We all know how often these adhesions and collections of smegma cause subsequent trouble, particularly epilepsy, convulsions, and the danger resulting from fondling of the parts due to the local irritation.

We desire a practical article from someone who has had considerable experience in the treatment of endometritis, endocervicitis and ulceration of the os by irrigation with some of the newer antiseptics, or the best antiseptic. Make it plain and specific in technique.

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Original Articles.

The following articles have been written exclusively to the editor and readers of this journal. Other journals republishing any of these articles will, as a matter of professional courtesy, kindly give credit as follows :—*Medical Council*, Philadelphia.

Normal Salt Solution.

By LESTER KELLER, M. D.
Ironton, O.

There are many general practicians who do not use saline solutions when they should, because they do not understand the technique. Everyone who does general work will have cases suitable sooner or later. Anyone doing much emergency work will have use for it often.

How many can recall a case with a leg crushed by a train, or an arm torn off in machinery, that, when reached, presented every indication of collapse and early dissolution. There has been much loss of blood, but now the bleeding has practically stopped, because he has no more blood to lose. Some one has kindly tied a handkerchief around the limb, and that had been given the credit of stopping the flow. Many are the bystanders who say, "Why don't you amputate?" And if it is the first case you have had, you may be induced to amputate at once. If you have had some experience, you will know that your case will not "rally" even if he gets off the table alive. If this man has shock from loss of blood, rapid, flickering, weak pulse, blue lips, cold clammy skin, he needs salt solution, and needs it bad.

How do we prepare it?

Every emergency bag should be supplied with "salt tablets." The usual size of manufacturers requires three to a quart of boiling water. It should be .6 of a 1-per-cent. solution, and cooled to from 105° to 110° F., but better near 110° than 100°. By all means, if you have a transfusion apparatus, use it. If you have not, devise one. Take a two-quart fountain syringe fitted with a glass nozzle from a medicine-dropper. Boil them for a few minutes. If it does destroy the rubber by boiling several times, it's no matter; it will stand this time, and will probably be the means of saving life. Fill your syringe with your salt solution, and hang it about three feet above the patient. Place a roller bandage tight around an arm well above the elbow to make the basilic vein stand out. Scrub the arm well with soap and water, and then with alcohol. Make an incision an inch long down onto the vein (incision parallel to the vein), open the sheath, and pass under it a small pair of dissecting forceps. These spread, putting the vein on the stretch, thus keeping the blood from escaping through the cut. With a sharp-pointed pair of scissors, snip a tongue-shaped piece in the vein, with the base toward the body. Pass all air out of the syringe tube, and let the solution flow until it runs warm. Care to avoid air entering the vein from the syringe may prevent serious complications. Pass the nozzle into the vein far enough for the shoulder to fill the lumen of the vein to prevent any leaking. Remove the bandage, and let the solution get well started, then remove the forceps. Let the solution flow until the pulse becomes better, and that will be by the time a quart has been used. Remove the syringe, put in two stitches to close the cut, and apply a small gauze pad and a bandage. Be sure your solution, your syringe, and instruments were boiled, and hands clean; for an infected wound here may give lots of trouble.

You will be surprised to see how quick your patient is ready for operation. If for any reason you cannot use the vein, put on the large-size aspirating needle or small trocar and canula, raise the syringe higher than before, thrust the needle into the cellular tissue on the buttock, along the side, or under the breast. If a woman, be sure to go beneath the breast instead of into the gland. Do not use more than a pint at one insertion, but select another place for the remainder. Close these punctures with some collodion, or apply a pad of gauze strapped on with surgeon's plaster.

I use the normal salt solution to flush out pus cavities; as a dressing to skin-grafts; as a base for cocaine solution for

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local anesthesia; and to clean the peritoneum in abdominal work, if soiled. I usually place a quart, or as much as I can, in the abdominal cavity before closing, or, if I do not, I give the same quantity as a high enema before the patient leaves the table. I sometimes do both. It is surprising how it prevents that unquenchable thirst that comes post-operative, as well as allays nausea, and stimulates the kidneys to action.

I have had splendid results by intravenous injections in suppression of urine, and in puerperal eclampsia. I do not bleed before giving injections.

These are some of the uses I make of normal salt solution in my practice, and find it beneficial. If you have not done so, try it and be agreeably surprised.

Adherent Placenta on Completely Inverted and Extruded Uterus; Death.

By F. R. M'GREW, M. D.
Carnegie, Pa.

On August 29th, 3 A. M., was called in great haste to a woman about to be confined. I hastily answered the call and found that the child had been born for some little time, and one of the kind neighbors was washing it, but when I was asked to look at the mother I found her dying from the loss of blood.

I found that the placenta was lying in the bed and still attached to the completely-inverted uterus lying out upon the bed. The case was so unusual that I requested the assistance of another doctor, and we detached the placenta and returned the womb without replacing the inversion, as we could see that she had but a very few more minutes to live, and was dead in that time.

This case is so unusual that I thought it worth reporting, as I have been in actual practice for nearly twenty-five years, and the consulting physician (Dr. Husler) about the same length of time, and we have attended perhaps over five thousand cases of obstetrics, and this is the first one of this kind that we have ever had.

The Menopause.

By F. B. BRUBAKER, M. D.
Mifflinburg, Pa.

The termination of the active sexual life of woman has, within the practice of physicians now living, experienced a material change. Formerly, and in many instances not so long ago, and in a few isolated cases now in hand, the cessation of the menstrual flow was unattended with any, or at most few, symptoms. To-day, and in a rapidly increasing proportion, such occurrence is attended with a complexity of phenomena that physicians in general and specialists in particular are reaping a pecuniary harvest. Of the causes necessary and consequently attendant on this changed condition of affairs it is not my desire or object to speak, lest I be considered more of a moralist than a physician. But it becomes my plan and purpose to consider only briefly a few of the many conditions and symptoms presenting themselves as an accompaniment of what might be called a diseased or altered natural phenomena.

First of all, let us consider a few of the many symptoms that have descended upon woman at this period, and which bring to her constant annoyance and suffering. Not to speak of shattered nerves, altered and deranged mentality, and, in not a few cases, responsible for grave and serious or fatal disease of which tuberculosis and cancer stand for the type.

It is to be lamented that too many physicians view lightly this period of woman's existence, striving little, and caring less, by advice and prescription, to lessen the agony that many a poor sufferer presents in this most critical period of her existence. That many women are permanently damaged physically at this period for the want of proper attention seems unquestionable, because taught to believe that the menopause, a natural consequence in her life's history, is, and should be, attended by any danger, an erroneous and a self-evident contradiction. Is it not possible that a condition of her economy, which offers such struc-

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tural change as is incident to the menopause, may be made the groundwork of future disease by disregarding all law relative thereto? It seems probable. Symptoms of a changed nervous state press themselves so undeniably for our consideration, that to ignore them is ofttimes fatal. Pain, irregularity of flow, headaches, hot and cold flashes, etc., speak too eloquently, these latter days, to any longer call this event a natural sequence, but force us, rather, to consider it an exciting cause, one which we cannot remove, but which we can conduct carefully and intelligently to a safe termination. I am aware that by many these remarks will be considered overdrawn, but it is not my object to enter into discussion, but rather to present what, to my mind, has become a subject, at some points at least, fraught with pathologic sequence. The borderland between the physiologic and the pathologic is never so very broad, and here, for part of our journey at least, the two lines have met, and would we be careful practitioners, it becomes our duty to do our best to maintain a firm physiologic ground, and leave for the harbingers of the future lasting control of that dread pathologic country.

The symptom which I desire first to discuss is that vague and ill-defined condition spoken of by women as hot-and-cold flashes. It is a fact to be regretted, that our knowledge of the sympathetic nervous system is limited, and that various phenomena thereby control the reflex conditions wrought and maintained by an uncertain nomenclature which, for lack of better understanding, we have classed and localized as spinal irritation, post-mortem examinations having utterly failed to reveal any organic change, and histologic research likewise failing to unfold the hidden mystery. Yet we must believe, by the numerous symptoms visible and by the undeniable suffering of those subject to this disease (if disease we may call it), that somewhere within the human economy there exists a disturbance of the nicely-poised nervous calm, which, by its action through the vaso-motor system, gives rise to a sudden (opening) dilatation, and a sudden (closing) contraction, of the peripheral arterioles, which answers our subject-matter in hand. This we can very easily allow, knowing, as we do, that the vaso-motor system is directly under the control of a center situated within the medulla oblongata, changes of an irritative character taking place within the highly-nervous mechanism of womb and ovaries, and traveling, by means of the sympathetic nerve, to the medulla, are inhibited and cast aside, or, being stored in the inhibitory cells of this highly nervous structure, after a time becomes overcharged, as it were, with irritative impulses, and, by the proximity of the vaso-motor center, whose cells become active through contiguity of tissue, flashes of heat and cold are experienced as a consequence. The nature of the impulse necessary to create an accumulation of nerve-force within the medulla or spinal axis, which, being set at liberty through its action on the vaso-vaso-motor center, gives rise to sensations of heat and cold, we are unacquainted with, but suffice it to say, that such impulse is given by the female organs undergoing this change of structure. It is rather in the fact that such impulse of irritative nervous energy is given in the changed condition of affairs caused by tight lacing, a deranged digestive and assimilative system, the abominable syringe, etc., which, I fear, have much to do with these derangements.

The complexus of nervous exhaustion brought about by this irritative state of the generative organs, ofttimes, by its very intensity, gives rise to the second of our list of symptoms, viz., pain. This may arise in any part or parts of the body, and is frequently due to an exaltation of function, rather than to an actual cause. One mode of causation is understandable by the fact of change of bodily temperature brought about by the vaso-motor disturbance previously spoken of. Another, by the sum of the stimulus (being slight in itself) by accumulation acts on the sensory tract, and causes pain by its intense reflex excitation. Still another form of pain is experienced by the ex-

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treme cervico-occipital headaches these patients suffer, which usually spread upward and extend to the forehead.

Irregularity of flow in woman at this period is likewise proof of a deranged state of her economy, hardly explainable on the ground of delayed or increased ovulation, but rather to be sought for in the vaso-motor disturbance. However this may be, women at this period experience great uncertainty as to periodicity, sometimes being unwell every two weeks, at others every two months to five months.

Treatment.

Many other symptoms might be adduced, causative or resultant, and as a proof of a changed condition of affairs, but enough has been said along this line, and we pass from this to a short discussion of the treatment of women at this period. I am firmly of the opinion that drug-giving, with very few exceptions, is wrong, and I am equally of the opinion that such general measures as hydrotherapy, electricity for its general tonic effect, attention to and regulation of the diet and bowels (as most women suffer greatly from constipation), proper exercise, with as little nervous strain as is consistent with a quiet domestic life, are the more important measures to be considerred. The application of hydrotherapy, by its action on the vaso-motor system, and in the hands of a skilled operator, offers one of the very best plans of treatment. Enough credit can scarcely be given to this very admirable remedy. Simple as the application of water seems, it has met with the approbation of all those familiar with its use, and promises still greater usefulness for the future.

Pain and headache, so common at this time, are never to be treated with opium, chloral, the coal-tar analgesics, etc. It will be a rare occasion, indeed, when the practitioner will be called upon to administer morphia. There is one remedy which deserves a high place in the therapy of this period, and from which much may be expected. I speak of bromide of potassium. Granting that most of the suffering is brought about by a reflex nervous excitability, this drug, by its action on the vaso-motor nerves, diminishes the intra-cranial blood-pressure, and allays cardiac excitement, calms and cools, as it were, an excited and overacting circulatory system, likewise gives support and tone to the nerve-tissue at fault. We experience very decided relief by its employment. By a like action it relieves and corrects the insomnia resultant on this overwrought condition, bringing about quiet and refreshing sleep, the patient awaking much improved and strengthened.

A case recently treated by the writer fully exemplifies this statement, and proves the drug's usefulness in these cases. Mrs. E. J. B.; age, 45; has suffered from occipital headache for the past year; with flashes of heat over upper part of body, particularly in the face and head; has menstruated irregularly during this time; family history good; no evidence of hysteria or neurasthenia; none of syphilis or organic disease; pains in head grew gradually worse until she was obliged to take to her bed and remain there. Treatment by analgesics and tonics availed very little, the pain coming in paroxysms, with intervals of almost entire absence. Bromide of potassium in ascending doses soon brought relief, the first in two months, her condition steadily improving. Her condition during an attack was one of the type previously spoken of, and this drug, by its effect upon her economy, proved almost a specific.

Believing, as we must, that woman at the menopause is suffering from a train of symptoms which were unknown to her grandmothers, and which, from a knowledge of her structure, we likewise stamp as being foreign thereto, it becomes our obvious duty as physicians to search for the incident exciting causes. Dr. A. J. C. Skene, in a little work on "Education and Culture, as Correlated to Health and Diseases of Women," gives a brief and concise treatise on the bringing up of the young of the female sex, as offering the best possible remedy for the health of our women for the future. In it he says, "The most valuable teachings of medical scientists on this subject impress the fact

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that to guard against errors of development and growth gives infinitely better results than all human efforts to subsequently correct the evil consequences of mental and physical imperfections. Along with this comes a full realization of the responsibilities of the physician whose duty it is to give counsel to those who seek his aid in solving this problem." Again he says, "A knowledge of mathematics and astronomy is of little value or comfort to a pale, bloodless girl who suffers from indigestion and backache. The undue amount of time spent in the house, in company, and at places of amusement, the variety of objects of interest which crowd around her while in the street, all tend to tax the brain and nervous system at the expense of the rest of the body. Lounging in easy chairs at home and the strained sitting posture in school interrupt the return of the blood from the lower portion of the body. That keeps up an engorgement of the pelvic organs which retards their development and growth. This want of proper exercise, and dressing in clothes which hang heavily and often tightly around the waists of daughters of rich parents are *alone sufficient* to interrupt their uniform development. The results too often are malformations and displacements of the pelvic organs, with all the *misery of body and mind which follow in after-life.*"

Mark the fact that Prof. Skene here gives but one cause—tight lacing—as sufficient to bring about these conditions. What think you when we add to that the damnable syringe which has brought more suffering to women than all others combined; constipation, another dread evil to women; the strain of modern society affairs, and last, but by no means the least, the curette in the hands of unscrupulous physicians. Join these together, view them soberly, and believe, with me, that the American woman today is at the menopause suffering from a complexity of symptoms foreign to her nature and unknown to her grandmothers.

Now, at the beginning of the fall season, we especially desire articles relating to diseases of the respiratory tract, and conditions especially prevalent in the cold weather.

Disorders of the Sexual Function in Man.

By A. H. P. LEUF, M. D.
Philadelphia.

[TWENTY-FIRST PAPER.]

Chronic Urethritis.

Chronic urethritis is evidenced by a urethral discharge in varying quantity and character, or by urethral tenderness, or both combined. It generally, though not necessarily, follows an acute attack. Its causes may, therefore, be said to be all of those which are likely to give rise to an acute urethritis. It may also be brought about by too active local treatment of an acute attack, either by congestion or instrumentation, excessive exercise, prolonged sexual desire without gratification, sexual excesses of all kinds, or unusual spontaneous intensity of the acute condition in a localized portion of the canal, leading to subsequent ulceration and failure to heal.

Chronic urethritis has been divided into several forms, but, it seems to me, without very good reason. Taking into consideration the causes of this condition, if these are known in any given case, the indications for treatment are similar.

Gleet.

Gleet is merely the designation of a chronic urethral discharge, usually small in amount. It may vary in character from a slight watery, sticky flow to one of creamy consistence, and white or yellow in color, the difference in character being due to the varying nature of the local condition by which it is caused. Many a gleet is significant merely of a slight catarrhal condition of a portion of the urethra, of no consequence except insofar as it worries the patient. As is customary, unfortunately, with any derangement of the sexual organs in either sex, it is almost invariably accompanied by worry and mental depression, however trivial it may really be.

Duration.

The duration of urethritis is indefinite, lasting anywhere from a few weeks or

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months to the limit of a lifetime, its very long continuance, however, being almost always due to neglect or improper treatment.

Treatment.

The treatment of chronic urethritis divides itself naturally into general and local. The general treatment is the same as for acute conditions of this kind, having in view the upbuilding of the patient's general condition, and the removal of constitutional taints or dyscrasiæ. These have been gone into in the consideration of the acute affection, and need not now be repeated. The local treatment varies according to the nature of the local condition. Atonic conditions of the mucosa require stimulation; hyper-sensitiveness and active congestions, sedation. Ulcerated conditions need the same treatment that is required for similar states elsewhere. When the urethra is generally involved, it is best treated by injection, or the introduction of medicated gelatin bougies. Circumscribed inflammatory conditions, as an ulceration, need the direct local application of a proper remedy, which is only properly applicable through the endoscope.

I may add parenthetically, although it may seem hardly necessary to do so in speaking to medical men, that sexual excitement should be avoided as much as possible in the treatment of a chronic urethritis, for the self-evident reason, that the consequent engorgement upon such excitement positively aggravates the local condition and tends to nullify treatment.

It seems hardly necessary to go into detail concerning the manner of making intra-urethral applications, as the various methods for doing this are familiar to all. For instance, it is often beneficent to irrigate the urethra with a hot medicated solution for a period of from fifteen to thirty minutes. This is readily done by the patient himself by the usual Valentine method, or a very small-sized catheter can be introduced beyond the area of trouble, and have a fluid passed through it, returning between it and the urethral walls. Nor do I think it necessary to give any fixed formula for an injection or of a gelatin bougie, as this should be left to the judgment of the physician in each particular case. The injection formula I gave in a preceding paper of this series for the treatment of acute urethritis does as well, or even better, in the chronic forms, and may be modified to suit special cases. The formulæ for medicated bougies now comprise a long list, from which the practitioner may choose according to the needs of his case. Deep urethral injections, when the trouble is localized in this portion of the urethra, are sometimes indicated, especially in the hands of one sufficiently experienced to exactly locate the site of trouble.

Stricture.

Urethral stricture consists in a narrowing of the canal in one or more places, and is either functional or organic, the former being due to spasm, and the latter to pathologic tissue changes. The symptoms of the former are necessarily inconstant in their manifestations, and the latter, constant. The former is, therefore, more aggravating or annoying or troublesome than harmful, whereas the latter is often dangerous to life, which it frequently curtails by many years, because of secondary effects produced upon the urinary apparatus.

Spasmodic Stricture.

Spasmodic stricture is really a colic of the urethral musculature at some portion of the canal. One of its characteristics, besides its inconstancy, is its varying degree and location. Furthermore, it yields gradually to the pressure of the advancing sound or bougie, which may be firmly grasped by the recontracted tube during its withdrawal. It might be due to sensitiveness of the canal, either in its entirety or in part, thus closing upon any foreign body as soon as it enters the sensitive areas, or it may be limited to the musculo-membranous canal, and be caused by reflex spasm due to irritations not necessarily within the canal. These sensitive conditions may be brought about by varying causes, such as some of the cachexiæ giving rise to

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quickened and irregular reflexes, sexual disturbances, instrumentation, any local injury to the mucosa, cold, drugs, alcoholism, and mental conditions.

Urethral spasm may be sufficiently severe to cause complete retention of urine. The sudden supervention of this dangerous condition, particularly in the absence of any active local inflammatory condition or injury, is likely to be due to urethral spasm, if not to the same condition of the neck of the bladder, or paralysis of this organ. Of course, sudden urethral spasm, enough to cause complete urinary retention, must have back of it a sufficiently powerful exciting cause, which it is necessary to discover and remove. Entrance to the bladder must be made in the usual way, by catheterization. If the contracted area is not soon induced to yield by continued pressure, it may do so after the canal is anesthetized with cocaine. Or general anesthesia may be employed. The local application of heat, or the hypodermic injection of atropine, may have the desired effect. Such a degree of spasmodic stricture is generally associated with more or less organic narrowing of the canal. Spasm often also occurs upon the passage of an instrument over a thickened and hyper-sensitive area of the canal, but yields quite readily to continuation of gentle pressure. One of the best means of differentiating between organic and spasmodic stricture, particularly where there are multiple impediments to the passage of a bougie, is by first anesthetizing the canal with cocaine, thus practically inhibiting spasm.

Treatment.

Here again it is only necessary to call attention to the need of removing all general conditions or tendencies likely to produce or encourage local spasm. Habits of life, particularly regarding the sexual functions, should be properly modified. The urine, which is often a cause of considerable irritation because of its abnormal composition, should be made normal, if not already so, and be sufficiently diluted by the liberal ingestion of pure water to prove unirritating. All local conditions likely to cause reflex spasm, especially in other portions of the body, should be removed. Instrumentation should always be slow, delicate, and most careful. This general rule applies always without exception.

(To be continued.)

2353 N. 17th St.

[In this series of papers Dr. Leuf has considered the normal physiology of the sexual function, the various pathologic conditions, taking in order Spermatorrhea, Impotence, Prostatic Disorders, etc. Back numbers can be secured for the entire series. The next paper will deal with organic stricture.—ED.]

Report of Case of Septicemia as I Felt It Myself.*

By J. C. NEWMAN, M. D.
Helenwood, Tenn.

Perhaps some of the profession will think it would have "been better," or "looked nicer," or "more professional," if some one of the five physicians who attended me would have reported this case. That might be so, but one thing I do know—no one can describe my feelings more thoroughly than I can myself.

I have never read of a case that I can refer to as a parallel in the sixteen years of my practice. I have treated many cases of both simple and complicated septicemia, and in my description of my own case I will ask my fellow-practitioners to be as light in their criticism as possible.

During the season of 1901, there was quite an epidemic of scarlatina of a malignant form in this country, and I had some twenty cases in charge. On the 12th of August, 1901, I got a scratch on the back of my hand, but paid no attention to it as usual. On the 14th I was called to see a new case, where the eruption below both knees had coalesced, forming a solid shield to the ankles. I forgot all about my scratched hand, and in the course of the examination it came in contact with the inflamed surface. The

*Read before the Tristate Medical Society, in session at Birmingham, Ala., October 7, 8, and 9, 1902.

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patient lived some two miles away from my office, and before I got back home my hand was paining me very bad. Next morning it was swollen to twice the normal size. With a thorough cleaning with peroxide, and a few applications of antiphlogistine, the inflammation soon subsided, and it quickly healed up and I thought no more about it. On the 27th of the same month, I made a trip of some sixteen miles on horseback, and before I got back I began to have severe throbbing pains on left side of rectum. The next day the pain was more intense. I retired about 8 P. M., and about 10 P. M. I was awakened with the most intense throbbing pain on the left side of the rectum, I think, I ever experienced. I endured it until after 12 o'clock, when I got a hypodermic injection of morphine. This gave me some relief for six or eight hours. I sent for Dr. J. E. George, of Rockwood, Tennessee, who arrived the next morning, but I knew nothing of his coming and going for the next ten days. I give his report for the first ten days :

"Temperature ranged from 101° to 104° ; marked peritonitis; profuse discharge of pus from an opening one-half an inch left of rectum. I made another incision one-half an inch in front of rectum left of perineum ; on the eleventh day the delirium subsided."

The free discharge of pus continued, and required dressing four to six times a day. Temperature continued, but ranged from 99° to 100° By the 18th of September there was complete induration of all the muscles of the abdomen between the umbilicus and the pubic bone, which were tender and painful all the time. Later on we discovered that by pressing on the muscles the discharge of pus was increased ; and further observation disclosed the fact that a sinus or cnannel had been formed through the fascia, and passed into the left groin midway between the crest of the ilium and pubic bone, and discharging as above described. This discharge of pus from the rectum continued for nine weeks and four days. I insisted that there was a pus sac between the muscles, and repeatedly asked the doctors to make an incision to the left of the median line and above McBurnie's spot, and wash it out. They all argued me down that there was no pus there. As the induration subsided a soft gelatinous mass appeared, and finally headed up on the median line between the umbilicus and the pubic bone ;, and Saturday morning, after sixty-eight days, "bursted," discharging one and one-half pints of the most offensive pus I ever smelled. No sooner did this opening appear than the two openings at the rectum closed and ceased to exist. This abdominal opening discharged pus freely for four days, when it closed. There was no more discharge for about ten days, when at the same place there appeared a pimple formation. I opened this myself, and there was another profuse discharge for three days, after which a sudden stop. About eight days after this I felt a fluctuation in the left iliac region. To raise up, or make a sudden turn in the bed, it felt as if a soft lump would fall to the side on which I turned. Fearing there might be a rupture of the sac into the abdominal cavity, and no physician near, I got on the train November 21, 1901, and went to the University Hospital, at Louisville, Kentutky, and there I was subjected to a rigid examination, including a microscopical examination of blood, for pus leucocytes, also urinalysis, and was informed that neither showed any evidence of pus. I insisted on an operation, for I knew that pus did exist, for I could feel it. On November 25, 1901, the operation was made without the use of an anesthetic. The incision was made on the median line midway between the umbilicus and pubic bone. A thick, yellowish, mucopurulent discharge was all. But with the first dressing there was considerable pus. I left the hospital on the 6th of December. The discharge continued for about eight weeks. There is yet more or less soreness of all these muscles, and when I ride much now they are quite tender and painful. On the 15th and 16th of this month, September, 1902, there was a discharge of pus at the old opening, perhaps two drachms. The

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examination of the blood showed a deficiency of the red corpuscles.

The treatment before going to the hospital was principally iron, quinine, and strychnine, the hypophosphites and saline cathartics. I am sorry to say that the treatment they gave me at the hospital I have forgotten, except that for about ten days my appetite was extra good, and I ate almost anything I wanted to.

When I was taken sick I weighed 227 pounds; when I went to Louisville I weighed 150 pounds. I was unable to attend to auy business until the latter part of March.

After the rupture, on the sixty-eighth day, my temperature dropped to 95 4-5°, and it was long afterwards before it "crawled" up to normal again. Even to this day, over a year since the trouble began, it is oftener below normal than otherwise. Two or three days' regular riding will lay me by for five or six days.

About a week after I came back from the hospital two hemorrhoidal tumors appeared, each about three-quarters of an inch in diameter. I never was bothered with anything of that kind before in my life, nor has there been any indications of their return since being removed about five or six months ago.

The abdominal muscles have never become sound, and I am beginning to think never will again.

In plain and unvarnished terms, I have tried to describe my infirmities, and what I have left out I respectfully refer the reader to Dr. J. E. George, of Rockwood, Tennessee, and Dr. J. I. Foster, of Huntsville, Tennessee, for further details, as they were with me oftener—almost constantly—than anyone else.

What was the cause of this trouble settling in the muscles of the lower abdomen? Why does my temperature continue sub-normal?

I am thirty-four years old, and never had any previous sickness, except a little case of fever when I was about nine years old. My present weight is about 176 pounds.

I would appreciate any suggestion that may be offered.

The Dynamics of Heredity.

By HERMAN GASSER, M. D.
Platteville, Wis.

Life begins in the simple cell and comes round again to the cell. This is the physical immortality of life with all its variations of development or evolution generically observed. It is as immortal as the constructive and creative unity of nature, because it takes place in obedience to physical laws as an organized constructive memory of the long-continued and repeated reactions similar in kind, or an organic unfolding of past functions or experiences. This means, that when certain reactions under favorable conditions are long continued, in time they cause certain physical changes along the lines of their reactions, those of least resistance, or the established habit of physical functional memory.

In the most simple cell these habits of physical memory or reaction become ever more complete and organized, with a wider range of reaction, a more rapid differentiation of function. The circuit of its life ends in division, or segmentation, and so repeats the same round of ancestral activities, the same organized unity of function, which continued repetition makes more perfect and rapid. The environment, the unity of nature, remains the same, only its reactions have become physically, constructively better organized as a continued process of past experiences, and is why each organized living being must go through the same round of transformations, generation after generation, that have gone before. In this way the physiological division of labor was born as an organized memory of its specialized physical functions. It is important, however, here to remember that in this physiological division of labor we have only a more complex physical unity, which again illustrates that from the unity of the atom up to man each is only a related unit in the unity. This we must ever have in the mindls eye, if we do not wish to be intellectually side-tracked in this great scheme of the creative unity. Unity is the main track, the axis around

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which all revolves. It is the general principle to which we must hew in all our special work if we wish to keep off the shoals and shallows in the great stream.

Function Influences Structure.

With this physical and mechanical conception of the unity of nature as a constructive and creative evolution, we are justified in formulating the law, in organic life at least, that function causes structure, and this structure is the memory of the function, the established habit of its reaction upon the world of phenomena. Long-continued repetition of function means increased organization. The simple cell that continues to live by segmentation or division, in time becomes so highly organized and equilibrated to the forces upon which it reacts, that it will not have sufficient plasticity to divide, its organism will have outgrown its adjustment, and to continue, must react upon a wider range of forces with which it is in tune. This it finds in cells similar in kind, the union of which, as a result of increased size, would cause a greater variation of relation, a more complex and differentiated reaction on the environment. As Van Beneden has expressed it: "The faculty which cells possess of multiplying by division is limited. There comes a time when they can divide no further, unless they undergo rejuvenescence by fertilization." This is the primitive foundation of sex, of which all the varied forms with which we are familiar are specialized developments.

This union of the simple cells would in time meet the same fate as the simple cell, for they would become so adjusted, organized and equilibrated that they could no longer unite as a whole, but only give off small particles to continue the life of the organism. By this union the specialized particles, being more highly organized, with their increased rapidity of function would constantly cause an increased or greater physiological division of labor, for the forces acting on this increased mass would not in all its parts be alike; there would be a differentiation of the different parts with variations of relation, and in this way maintain the continuance of their constructive equilibrium. In this low stage of life segments of the organism would still retain their primitive function of growth, but as this physiological division of labor becomes more highly differentiated, the simple cell or unit must also become specialized and organized to maintain its related equilibrium of unity in its specialized environment.

Differentiation of Cells of Special Function.

The minute amount of energy of the mature and specialized germ cell begins to absorb the forces of its environment, organizing and differentiating it into an ever wider, broader and deeper stream, until it has reached the limit or maturity of its constructive development, the circuit of its life, when all at once, as if it was the genius of instinctive self-preservation, the whole of the specialized heredity of the unity of its activity becomes dominated by the organic impulse to maintain its continuity. The specialized liver, stomach, lung, bone, and nerve cells up to this time have been completely absorbed and engaged in the constructive development of the individual, with no thought of self, but when the sperm cells become mature they cause an important reaction upon this organized stream of their functions, and reminds them that to maintain their physical immortality the co-operation of their energy must be directed, the organized unity of which, with its variations and relations keeps it ever fresh and virile, becoming more specialized by increasing the rate and rapidity of their organized habit of function by this continued repetition.

It is the same simple germ cell still, with the same simple function, only organized to react or unfold with greater rapidity upon its specialized environment, the result of its habit of repeated and organized memory of past functions. It

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should be remembered that while all the special functions of the body were mature and functionally active in the constructive stream, the germ cells had not yet come into the field of active existence, they had not yet completed the circuit of their related functional life in this continuous stream. Their individuality was lost for a time in its organized depth and breadth, as was that of the special cells in its source when the simple germ cells were unfolding their primitive habit of functions in their specialized environment. This is why each species has its specialized germ cells with their organized and established rhythm or rate of function to which they have become adjusted.

Development and Improvement Infinite.

In this sense the life of the somato cells as well as the germ cells is immortal, and while the former seemingly die, the latter also lose their identity or individuality in the circuit of the stream, for they have become differentiated into the embryonic cells, and these again losing their identity, to be differentiated into all the special tissues with their specific functions, but never lost in the stream. We have always been so preoccupied and interested with the mouth of this stream as it flows out into the ocean of the infinite unity that we have never fully realized and appreciated how much our good work does to keep it pure, strong, and virile, thereby building our constructive physical immortality. From this physical point of view life must be ever constructive and become more organized. To stop its creative development or evolution would mean to attain equilibrium and eventually death. Life means continued and constructive work. This is the price of physical immortality, and around which the whole fabric of our educational, religious, and political organization revolves. It is the basic principle of sociology, for creation or evolution is a constructive equilibrium of the related unity that is never at rest.

Sexual Reproduction.

In the ovum which is specially nourished we have the interesting phenomena of its attempt to continue the habit of cell division by giving off the polar body, but it is too equilibrated and specialized to complete it, and if not fertilized by the special sperm cell, which is "the less nutritive, and therefore smaller, hungrier, and more mobile organism," goes into disorganization and dissolution. The ovum gives off the polar globule as a reminiscence of parthenogenesis, and its fertilization by the sperm cell is the flowing together of these specialized cells, and in the same simple way as we observe it in the lowest forms of life. It is only a specialization of their function, a greater rapidity of reaction, the result of their organized habit, or memory of past experiences.

Here the question presented and asked is: How does this union of the germ and sperm cells cause the male and female? The balance of adjustment in this union for the one or the other, is the measure of their related potencies, and as it is almost infinity to one that they are unequal, their amalgamation at once casts the positive or negative variation, male or female. If they were potentially equal in their rhythm of function, there would be no amalgamation. Physically this is in harmony with our conclusion. This is why the law of sex is so positive and unerring in its expression. This may appear as a very simple interpretation of this obscure and complex problem; it may not be the whole of the truth, but whatever will be demonstrated as the ultimate solution, all the evidence we have indicates that it will be along the lines of this simplicity, for sex is an evolution. Indeed its very simplicity is its merit. The problems of nature, when finally solved, are always simple, and related to this general unity.

Two Theories of Heredity.

Most of the studies on heredity have for their foundation the idea that the problem will give up its ultimate solution in the germ cell, and of which there are two prevailing theories. The La Marckians claim that all the general functional activities are in some way connected and potentially existent in the germ cell, while Weismannism maintains that they

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do not acquire them. With this physical idea of organized functional living memory we can readily appreciate and comprehend why both these conceptions have some foundation for their claims, and neither of them the whole of the truth. It is more than probable that the La Marckian theory was founded largely on the preconceived ideas of what the germ cells should consist, while the theory of Weismann is a purely scientific deduction untrammelled by tradition, but giving too much importance to the germ-plasm, and not recognizing the hereditary function of the somato-plasm.

Heredity is the organized living functional memory of the ever-present unity; it is creation or evolution up to date, in which the germ cell is conceived as the immortal physical basis from which all life begins. The germ cells *per se* are not immortal, for they have a regular cycle of life, but their continued habit of function is, and to acquire which must have increased and varying periods for their maturation, that they may become adjusted to the organized general unity of living functions, of which they are a related part, to maintain their specialized continuity. This is the circuit of their life that begins to lose its individuality from the first division, and so regularly and systematically in the physiological differentiation of function until they become mature again as specialized germ cells in the specialized environment or circuit of life. This is why they do not inherit the acquired characters and is the theory of Weismann, but not Weismannism. The germ cell or plasm is the general rhythm, life or heredity; it never transcends this primitive simplicity of unity, but only adjusts itself to the increased rapidity and rate of its functional activity in the specialized functions, memories, or heredity, that have been woven about it. What does this mean? Here is the hidden rock upon which, if we have not become wrecked, we drifted off into the special theories of heredity. Let us try and see if it is possible to remove it, thereby gaining a more distinct and scientific idea of the problem.

The mature germ cell in the course of its unfolding or reaction becomes ever less individual, its energy is consumed by the reproduction of each generation, loses its identity, but remains a part of the stream of life, and to renew its functional activity must acquire the specialized heredity or functional activity of the organism of which it is a part, and in exactly the same sense as the liver, bone, muscle, and nerve cells. It has its organized circuit in the stream of life as definitely and positively as the liver cell to the liver. This is why we ask How was your father's liver? Your mother's lungs? that we may gain some conception of their special, varied and related functions in the general stream of life, for in its circuit of activity they will come back, as surely and certainly as the sperm cells. It is not the cell itself that is life, but its functional activity. The cell is an organized constructive physical memory that lives, grows, and reproduces itself like all life in general; it is a functional constructive process, a memory of past experiences. The specialized cells with their specific functions become better organized and developed by reacting upon the forces of the environment they are adjusted to, and so manifest their tendency as a specialized and related part of the whole; not as an acquired habit of the germ cell, but the specially acquired habit of the somato cells in their state of functional existence. The life, the functional activity or memory of the somato cells is as continuous and immortal as the sperm cells in the endless stream; go through the same circuit of transformations with only greater variations and specializations. The cells are only organized constructive physical memories, through which the unity of nature functionates with its organized unity of expression.

To illustrate: The child born of parents fifteen years of age would have all the hereditary characteristics of their mature life, in his maturity, yet these could never have been impressed specifically in the germ cells that created him; it is the heredity of the somato-plasm that is transmitted, not specifically, for it had not yet come into the field of active functional

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existence, but as a related part in the continuous unfolding of the stream in which the mature germ plasm is the simple unit. The mature and fertilized ovum, by absorbing the energy of its environment, grows into a new living being and loses all its identity; in no possible way can we follow it as such, yet it is not lost, only diffused, differentiated in the constructive stream of organization, and must come back, for life cannot transcend itself; the simple germ cell must be renewed in the infinite round of these transformations as certainly and surely as the spring which is the source of the mighty river flowing into the ocean, to be again carried back to its source. The germ cell can no more transcend its simple function than the spring that is the source of the river. The one is an organized or living unity of function, the other an organized physical unity, both interdependent and related parts of the unity of nature. This again suggests the important fact that, to produce the most healthy and virile offspring that time in life is best when all the functions of the body are most active and complete, for then the germ cells are in the highest state of functional activity.

In pregnancy and its termination we have a specialized illustration of heredity, the latent but established habit of function of which must be stimulated into activity by the fertilized ovum. This it does by beginning to feed upon the mucous membrane to which it becomes attached, thereby exciting the local and general functions to increased activity in its organized effort of self-preservation; builds a muscular wall around the fetus, to expel it when it reaches the period it can no longer maintain with safety, and so becomes an organized and established circuit of hereditary memory. It happens occasionally that the ovum becomes attached to the tube, ovary, or abdominal cavity, and goes through the same processes, but in an incomplete and rudimentary way, because not organized to complete the circuit, and, if not artificially interfered with, usually ends in the death of mother and child. This heredity is not in the germ cell, but in the somato-plasm. It illustrates again that to live means to react upon the forces of nature in a regular and systematic relation in which all the terms are in due proportion to continue the functional process; an adaptation of the continuous unity of life to the continuous unity of nature, its organized and constructive memory.

Variety Among Brothers and Sisters.

As the germ cells develop with their inherent functions under varying conditions of the organism, and in large numbers with their special variations and potencies, we at once appreciate why we have such variations in families, although alike in type. This explains, also, some of the specially developed and pathological results of heredity, as when both parents are alcoholics, wherein all the cells of the body are weakened and deranged in function, thereby causing an incomplete development, which not infrequently is so great as to express itself in idiocy or monstrosity. It is the general stream of life that is inhibited and weakened, of which the germ cells are a related unity of its expression, the strength or measure of it; its specialized heredity, or organic memory of function, with its varying degrees of activity. It is not any special habit we inherit from our parents, but the general stream of their life, with its varying potencies, the result of their reactions upon the forces of their environment.

Acquired Characteristics.

With this idea of heredity we readily appreciate that the "acquired characters" have a basic and fundamental existence, but not as it is understood by those who believe in the La Marckian theory. The germ cell, like every other specialized cell, has a certain definite organized functional memory to which it is limited, and not the "peculiar structure" of La Marck or Weismann. The germ cell is always the simple primitive unit of life, while the somato cells are specialized units in the general unity of life, with their specialized and related heredity, that at every stage of their development, in regular system and order, differentiate

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and react upon the forces of the environment by the same simple hereditary division or segmentation as the primitive cell, until they have completed their constructive or established habit of function, when they become limited to the better and more organized adjustment in their unity of relation, and when they complete the cycle of their life are so specialized and equilibrated that they can no longer continue their functional activity, and die. This is the physical basis of mortality. The material body, indeed, dies, but the immortal stream of its continuity is as certain and positive as that of the germ cell, for the continuance of the one is that of the other; it is only a more highly organized and differentiated life, with all its variations of expression in this constructive stream. It starts at the cell or spring, and flows on until it is absorbed in the infinite unity of creation, in the course of which the primitive but diffuse functions again repeat the organized memory until it becomes mature again in the germ cell with its special potency to continue the same round of activities in this constructive stream, the source of which, in reality, is not in the germ cell, but in the diffuse unity of nature with its constructive and creative equilibrium of which it is an expression.

It is difficult, indeed, to conceive how these multitudinous germ cells in the body, with their special stages of develment, have implanted into them these "gemmules," each in its own way, for it does not assimilate with the general body of our experience. We must have a more general conception to explain these phenomena of heredity. This our physical interpretation gives us.

Heredity is functionally organized memory, or memory is the functional activity of the organism, its reaction upon the forces of its environment. It is not the material organism that is heredity, but its functional activity. Memory in its widest sense is the organic history of the world. From the simple cell up to man, every organism is an organized living memory. Organic memory is the basis of evolution; the whole idea of heredity is the unfolding of this organized, living functional memory. It is always a unit in the unity. In the simple cell it is diffuse and general; as we go higher in the organism we find transit lines of motion with increased specialization of function, and so on, up to man, who is so highly organized that he reacts upon all these forces with increased specialization, variation and relation of them, but always as a unit in the unity.

Heredity, or organized functional memory, is the established habit of reacting upon the forces of its environment, to repeat the same series of functions that have gone before. As they unfold themselves in the regular process of development, they are stimulated by the special forces to increased activity, and the reactions become better organized by the nutritive and constructive functions, building them up a little higher, and thus unfolding still later and less established functions or dispositions. In studying heredity we must not take the personal equation as a measure of it, for it is only a link, an atom, a bead in the endless chain of life that reaches back into the remotest period of time, the stream of which will not be altered or modified so much by our special life as to be appreciated by our dull senses, but that it leaves its impress upon it, all past and present experience, indeed, our very existence demonstrates.

If heredity is a continuous stream o functional activity, how are the acquired characters of the parents engrafted upon their progeny? It is because racially, evolutionally, it is a stream, a constructive physical functional memory, the multitude of related currents of activity in which have their specialized individual and variable potencies that come into view, into active functional existence, in their regular order and sequence. The acquired functions are only special currents in the stream, and although they do not come into view until later in life, nevertheless they have become eroded deeper into the general stream by organizing the special currents, thereby making them not only stronger, but causing them to appear a little earlier.

The stability of this stream is as en-

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during as time, as old as creation; it is always the same stream, but flowing with varying degrees of intensity and volume in the individual or race, and is the measure of the lean and harsh, or fat and agreeable environment, that may undergo such modifications in their present appearance that it is often with difficulty we identify them. An infant prince brought up by common people would lose all evidence of his distinction; a child born in Boston, reared and developed by Esquimaux, would have most of their characteristics. National traits and characteristics are largely the result of their environment. This is only an illustration of what we mean by the plasticity of heredity to adjust itself to the changed environment. Evidence of how we acquire characters, but no evidence of acquired characters.

Acquired character in the study of heredity has a broader and more general meaning, for it must take in the whole problem, with all its variations from the simple cell to man. Acquired characters are the specially organized currents in the general stream that flow into it with regular order and system, the general principles of which should be an interpretation of its creative development or evolution, its history, as the acquired habits of the individual are his history.

We have already observed that life is a constructive functional activity; it cannot stand still; it must acquire or eventually die, for there is no such phenomenon as a complete organic equilibrium. Long-continued reactions similar in kind repeated for untold periods of time become better organized and established, thereby not only quickening their activity but shortening the process by this increased rapidity of function, and thus keeping it ever exposed to the forces of the environment to acquire increased variations and relations in it, for the unity of nature is a creative and constructive equilibrium, is never at rest, and not to be in tune, or acquire its creative stream, would mean to attain functional or living equilibrium, organic death. Life, creation, evolution, and heredity may hence be formulated into the related idea that the constructive unity of nature is ever acquiring and organizing its related unity of energy, thereby shortening the unity of its work by the increased rapidity of its function, with increased relation, variation, or differentiation, we call the physiological division of labor, but always as a unit in the unity.

In this organic stream of life of which heredity is its history, the early or primordial part of it must by necessity be the best organized and least influenced; its constructive functions much more rapid, the result of its long-continued repetition. In all nature there is no marvel so wonderful as the unfolding of the fertilized ovum that in nine months makes its appearance upon the stage as an infant man. He continues on unfolding his functions with such rapidity and simplicity that we love him for the beauty of his naturalness. As he becomes more mature, his functions more plastic and less organized, it lands him in doubt, confusion; altogether too often in fads and isms. His heredity no longer assimilates them into an organized unity, he flounders in the stream by the formation of little whirlpools and eddies that consume his attention, becomes conscious of his own personality, and causes him to believe the world was made just for him.

Nature, however, by a happy union, occasionally brings forth "an unconscious intellect," a genius like Plato, Shakespeare, or Spencer, that moves on assimilating and organizing the forces of nature, not thinking of self, "not aware of their own worth," for it is in tune with the infinite unity; an instrument upon which the melody of nature plays in all its purity, simplicity and harmony in this all-pervading unity of which he is a part. This is the inspiration, the music of the ages, is ever fresh with the flush of youth upon her brow, growing into ever-increasing worth, splendor, and beauty. It is the organized functional memory of the past continually unfolding itself in the living stream of the ever-present and inspiring us on to the hopes of the future.

Send us your most successful prescription or treatment on a postal card.

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Communications.

Physiologic Glycosuria?

To The Medical Council:

In your issue for July is a letter signed "W.," recording two cases where, in examining the urine for life insurance, he found sugar, and, as a consequence, they were rejected. I have for over thirty years been an examiner for one of the giant insurance companies of the world, and since it became the rule to examine the urine in every case, I have found not only sugar, but albumen much more frequently than the profession had any idea it usually existed. Previous to insurance companies demanding this universal urinary examination, the profession made but few examinations of urine—presumed to be healthy. This was because life companies only asked for it where the amount applied for was ten thousand dollars or more, or when the applicant was 45 years or over. As fully 85 per cent. of life insurance applicants are under 45 years of age, and the amount under ten thousand dollars, there were few urinary examinations. Outside of these, the urinary examinations were presumably pathological. Now the company I am examining for has accepted many cases during the last four years in which the urine was found to contain sugar and albumen, putting a heavy lien on the policy. These cases are placed in a class by themselves, and in ten or fifteen years the company will be able to have some idea as to the significance of their presence.

So much, on general grounds, in reply to your correspondent. Now for something personal. Out of curiosity, one day about three years ago, I examined my own urine, and, to my surprise, it contained almost 4 per cent. of sugar. The specific gravity was 1026. The amount passed in twenty-four hours, 48 ounces. I was in perfect health; no thirst, no excessive appetite; did all my work, both day and night, with no more than usual fatigue. I am now 63, and in large, active practice, attached to two large hospitals, and a teacher in a medical school. I have always been noted as an unusually active man, not requiring, and seldom getting, more than six hours' sleep. My weight is average or a little above. On seeking advice from a *confrere*, I was placed on a strict diet, and a ¼-grain of codeine night and morning. I followed this for about four months, during which time I lost twenty pounds, became easily fatigued, and was obliged to cease all night-work. The sugar decreased about 2 per cent. At this stage I had an attack of pneumonia (single), during which my life was despaired of. I, however, came through, and when quite convalescent I was thirty pounds less than what had been my usual weight. I was then allowed ordinary diet (discontinued all medicine) and have continued it from that day until now. I have regained my lost thirty pounds, and eight pounds more. I to-day am doing all my work, feel strong and hearty. Netted eighteen salmon this year, in weight from twenty to thirty-three pounds, on the Restyouche River, and not a month ago, while visiting my family at the seaside on the Lower St. Lawrence, I walked almost every day about five miles without fatigue. In fact, I do not know that I ever felt better. From first to last, I do not think sugar has ever been absent from my urine. It is there to-day. As regards the amount, I do not now bother myself. Occasionally I measure the amount of urine passed, and the quantity averages about 46 ounces.

F. W. C., M. D.,

Advice in Chordee and Dysmenorrhea. Practical Antiseptic.

To The Medical Council:

Dr. E. L. Sharpe's "cheap and effective antiseptic" is quite an old friend with many practitioners. It is mentioned in King's Dispensatory, 1880, also U. S. Dis., 1890, p. 53, and the preceding edition. It should not be used where it will come in contact with water, as this will reduce it by precipitating the camphor and freeing the acid, and will leave a carbolic acid burn.

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I give you herewith a formula for an internal antiseptic and antithermic remedy that has been very helpful to me in typhoid and other toxic fevers :

℞ Carbolic acid (pure crys. white), .
Chloral hydrate (pure crys.) . . āā ʒj
Gum camphor . . . . . ʒijss
M. ft. sol. by trituration.
Sig.—From 3 to 12 drops in capsule as necessary, from 4 to 12 times daily.

This has a remarkable effect on high temperatures, and I have never been disappointed in its use, and have never seen any depressing effects on the circulation that some of the popular antipyretics show on continual administration. I have never found smoky urine from the amount necessary to control temperature. In fact, the above, with an aloin and podophyllin tablet, to produce from one to three stools daily, with proper diet, will show convalescent typhoid patients in from fourteen to twenty-one days, as a rule.

In the COUNCIL for September, page 320, article "Acetanilid for Chordee," would suggest the use of dionin in ¾ to 1-gr. doses. It has been satisfactory in my hands for chordee and painful erection accompanying enlarged prostate. It seems to be almost a specific.

Dr. J. T. M., page 320, would find iodothyrine, ½ to 1-gr. doses three times a day, beginning two days before paroxysm of pain, and continued through period, a decided help in his case of dysmenorrhea. JNO. W. HYATT, M. D.
Bellevue, Texas.

Acetanilid as an Aphrodisiac.

TO THE MEDICAL COUNCIL:

I beg to disagree with Dr. W. W. Dill regarding the effect of acetanilid on the erector penis. My authority is personal experience. I am subject to headache, and have been in the habit of taking acetanilid almost daily in the following formula: Acetanilid, gr. iij; salol, gr. j; phenacetin, gr. ij; caffeine citr., gr. ij; and sod. bicarb, gr. ij. Some days I have taken as much as three times the above, but as yet I have found nothing wrong with my erector, nor any other effect, in fact, beyond the alleviation of the pain. SCOTIA.

The Business Side
OF MEDICAL PRACTICE.

While we as physicians desire to be scientific students and practitioners of medicine, yet we desire also, for the welfare of our dependent ones and for the sake of our standing in the community, to secure a fair compensation for the services we render to our fellow-men and to society. To this purpose The Council will occasionally conduct a brief department in which may be discussed those subjects that pertain to the financial welfare of the practitioner and the profession. Ideas are solicited for this column.

Another Speculation.

We are in receipt of another of the many speculations having in view, or at least the effect of, victimizing confiding members of the medical profession. The circular letter is signed "Interstate Medical Association." It proposes the formation of a drug company designed to manufacture certain standard remedies and about one hundred selected prescriptions. These are to be put upon the market at a profit which is divided among the stockholders composed, presumably, mainly of physicians. It is a way that has already been adopted by other drug firms of enlisting the active interest of physicians in pushing their remedies in the hope of getting a financial return, which, so far as we know, never comes. We can understand how business men, unscrupulous about how they achieve results, would seek to interest thoughtless medical men in the hope of gain in their improper enterprise, though we wonder at the credulity of intelligent individuals who can be taken in by such a scheme. If honestly carried out, the plan would be as profitable to the man who did not move a finger to push the goods of the firm, as it would to him who devoted all his available energies to this end. The doctor puts up his money

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with which the promoters are to carry on the business. Many, if not all, of those who take stock will push the products of the firm with varying success, from the most active to those who make no effort. Thus, the man who pays his cash plus a year of hard work, entirely foreign to the spirit of his profession, gets no greater return than he who only puts up the money, the lesser in importance of the two. Our advice is for physicians to keep out of this thing, first, because it is highly improper, and second, because of the extreme probability of its yielding them no other return than the proof that they had done something unwise and unprofitable.

Legal Standing of Physicians' Accounts.

One of our highly-esteemed contributors, in ordering the Physicians' Pocket Account Book, writes as follows:

"As regards its *legal standing* in court, it may be a good thing for those who resort to the machinery of the law to collect their bills. I have not had any success in that direction. Some years ago, at an expense of thirty or forty dollars, I got a judgment for some hundreds of dollars against a "gay sport." It is now on file. We had him up on supplementary proceedings, and he swore his way clear. Did not own the gold watch he carried; did not own the diamond he sported, not even the shirt on his back.

"No! no law in mine."

To which we reply as follows:

Regarding the importance of a legal form of accounts, it is of a special value when left as a record of accounts at the doctor's death. The usual condition is that the doctor's accounts are so mixed up that no claim can be presented against anyone, and the widow or estate is embarrassed in making collections. But it is also of great value when the doctor himself wishes to make out a claim against the estate of a deceased patron, when the executors or administrators really wish to pay the bill, providing it can be so proven as to protect them in doing so. Many physicians, like yourself, do not collect bills by law from living patrons. However, the book covers all three of the above requirements.

A $2,500-Fee Not Too Large.

To The Medical Council:

I had occasion to do a supra-vaginal hysterectomy last fall for fibroid on a patient whose husband is well worth $400,000 or $500,000. There were a good many adhesions, as it was of twenty years' standing, and the case was a tedious one. She demanded of me, before I undertook the case, that I stay right with her, and asked me to turn my other patients over to another doctor. I visited her from three to five times a day until she left the hospital, near the end of the fourth week. She made a *most excellent* recovery, and went away singing my praises far and near (and for that matter does yet). I presented my bill for twenty-five hundred dollars ($2,500), and she as well as her husband nearly dropped dead. They insist that such a bill was never heard of before, and tell everywhere that $500 is the outside price by the biggest men in the country. I have brought suit in the common pleas court, which convenes October 15th, when it will be set for trial. I have it from the book-keeper of the man, that he wrote to Dr. Joseph Price before he consulted me, and he wrote him that he would come on and do it for $5,000. He has said that he was going on East to take depositions of some of the best men in the country to show that such bills were never heard of, even in Philadelphia. Can you give me the names of some of them that will be in a position and competent to qualify (if they are willing). You see the men who are competent to do so do not live here, as I am alone in this line of work. I have the promise of help in Cincinnati among my friends, and may want some in Philadelphia. I forgot to add that she

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used to hunt up charity cases that needed abdominal work, and ask me to do them, and add that if they got well she believed she would be operated on. It's funny in a town of this size. My friends lined up, hoping I will win, and others who denounce it as "robbery," etc. Everybody knows about it, and even her pastor takes pains to tell his flock what he thinks of it.

I would like to hear from you in regard to the case.

O——. X. Y. Z.

[Upon receipt of this inquiry we went and had a long talk with Prof. E. E. Montgomery, of Jefferson Medical College, with whom we are well acquainted. He says, just as we feel, that our correspondent's charge is very reasonable and just. He says he just recently performed a much less serious operation upon a lady, for which he sent a bill for $5,000, and received by return mail a check for $5,500, together with a letter of the highest thanks and appreciation. The operation is well worth the money charged under the circumstances. The fee is by no means too large for a man able to pay it. The offer of $500 is preposterous. There is no alternative for the doctor but to do as he did—sue. It is due himself and the profession.—Ed.]

The Business Side.

Granted that financial and material prosperity is a necessity to the successful medical man, it becomes a question how we shouid manage this part of a busy life with the least possible trouble and annoyance to ourselves and to our patients.

A doctor's *clientele* may, from the financial point of view, be divided into three classes, namely, first, those who always pay promptly after service has been rendered; second, those who pay very slowly and only after repeated duns; and, third, those who do not pay at all, but always expect and usually do receive all medical service *gratis*. This latter class might be conveniently subdivided into three classes, about as follows: (1st) The unfortunate but honest poor, who would pay but have no means to do so; (2d) The so-called devil's poor, who have nothing and never make any effort to obtain any means except such as are strictly necessary for purposes of immediate necessities, which leaves, of course, nothing for the doctor when sickness overtakes them; (3d) Those who have means, but who make it a point to always be so situated as to beat the doctor out of his fee.

All reputable physicians must of necessity render service *gratis* to the honest but unfortunate poor. Yet there is no good reason why they should do so any more than in the case of the tailor, the shoemaker, or the carpenter. We do not, however, seriously object to this gratuitous service.

The class of people belonging to the second and third subdivisions are a curse to the doctor's practice, and furnish him with more sleepless nights, more anxiety, more annoyance and worry than all other sources of misery with which he has to contend. If in some way we could so manage it that these people could all be turned over to the quacks, the charity hospitals and the medical college clinics, it would relieve the practitioner of his heaviest burden and his chief source of financial embarrassment.

There is one very effective method of ridding ourselves of these people, and that is to promptly collect all fees within a reasonable time, say within sixty to ninety days after service. If you refuse service to people who do not pay within a reasonable time, you will have a smaller but a more satisfactory *clientele*.

There is no reason why the doctor's books should not be kept up to date and bills presented for payment every thirty or sixty days. Payment will not always be made, but people are more likely to make an effort to pay if you make a prompt effort to obtain your fee than if you let the matter run along for a year or two. In this way we not only lose interest and opportunities for investment,

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but the account becomes much more difficult to collect.

From every standpoint it is a wise as well as a profitable undertaking for the doctor to see to it that the business end of his profession is attended to promptly and efficiently. If he cannot do so himself, then he should have his office girl or assistant, or a collector, attend to the matter with regularity and in a thoroughly business-like fashion. Once started on a course of this kind, no physician will regret the outcome or leave the plan for the slipshod methods above mentioned.

There is every argument in favor of business principles applied to a professional life; there is no argument against them.—*Julius Noer, M. D., Stoughton, Wis., in the Clinical Review.*

Duty of the Public to the Doctor.

One of the points, which it seems many times to medical men to be forgotten by the public, is that some discrimination should be used in deciding to whom a member of the family should be entrusted in times of sickness. It should be remembered that a physician, in order to obtain a license to practice medicine in this State—and the standard here is very similar to that of the standard in the majority of the States of the Union—has pursued a course of study in a well recognized medical school, that he has studied anatomy, physiology, chemistry, therapeutics, and the various other branches of medicine faithfully for the period, at the present time, of not less than four years; that he has passed satisfactory examinations in the various departments, that he has conducted himself in a gentlemanly manner; that he is believed by the faculty of the school from which he has graduated to be possessed of more than the ordinary amount of moral responsibility, and that he should, therefore, be accorded more confidence than the man who, perhaps, has studied a single department, as hydropathy, osteopathy, Christian Science, or electricity, who simply of his own volition and through his own audacity bestows upon himself the title of Dr. ———. Even the poor, ignorant Chinaman, aided by some scheming Yankee who has sufficient acumen to beguile the public, draws his patronage from the same class of people, oftentimes, who entrust themselves to the regular practitioner. It would seem that the public ought to remember that hydropaths, osteopaths, so-called vitopaths, and the various others of this clan, are simply people of one idea. That while they may, possibly, through hygienic suggestions and stimulation of power of faith, produce some cures, that in the majority of instances they accomplish little or no good. But many of them become fads, are taken up by the public, accepted for the time, and one after another gradually succumb to the inevitable.

There are a few other points of minor importance, which, if remembered by the public, would make the life of the physician much easier. While it is not always possible to call a physician in the morning, as accidents and acute sicknesses are ever occurring, there are, on the other hand, many who seem to take especial delight in waiting for the time when the day's work of the physician should have ended before sending for him. I believe that every physician thoroughly appreciates those among his clientele who take some pains both in the matter of the time of day that they request his services, and as to the time that they are willing, in ordinary cases, to extend to him in making calls. It should be remembered that a physician's obligations are not alone to one patient; that in the busy life of the practitioner he must must necessarily have many sick ones to care for; that it is by arranging his calls in the morning that he can do the most good to them all, and that it is by having a reasonable time for his meals, especially his dinner hour, a reasonable amount of sleep, and that which the physician himself ordinarily thinks too little of, namely, a reasonable time for recreation and reading, that he can best care for each individual patient.

Oftentimes the various members of a family, through doubts and fears and questionings, so annoy the doctor that he feels a desire to relinquish the case, and only continues because of a certain feeling of moral responsibility.—*Dr. Geo. I. Cole, Los Angeles, in South Cal. Prac.*

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BEST IDEAS FROM RECENT LITERATURE.

The General Consideration of Surgical Patients.

Abstract of Paper Read Before the Mississippi Valley Medical Association at Kansas City.

By A. J. OCHSNER,
Chicago.

The paper deals with general considerations which have a special bearing upon the success in the execution of clinical surgery. It deals, first, with the fact that a given form of treatment is not applicable to every patient suffering from a similar pathological condition, it being necessary for the surgeon to consider the patient himself very thoroughly before applying the methods intended for his relief.

The examination of the patient is discussed at length and certain measures are condemned as harmful to the patient, among these are prolonged or violent manipulations in the diagnosis especially of inflammatory conditions or malignant growths, in which cases these manipulations are likely to give rise to extension of the presence of metastasis.

Excision of sections of malignant growths for diagnostic purposes should never be made, because this is very likely to cause an infection giving rise to metastatic growths and changing a relatively harmless condition, which could be relieved by an early operation, into an absolutely hopeless condition.

The exploring syringe is discussed and condemned, except in locating abscess of the brain. The same is true to a greater extent of the exploring needle. Certain manipulations, such as catheterization of the ureters, are also considered bad, because the amount of injury to the patient, which is likely to occur, is much greater than the amount of benefit which can be obtained if this method is used in preference to other methods which are perfectly safe.

The weight of certain contraindications is considered, such as old age, infancy, obesity, tuberculosis of the lungs, cachexia, etc. The importance of the loss of blood during the operation is discussed, and the amount of time spent during an operation and the amount of traumatism caused by the operation are considered. Attention is given to the preparation of the patient, the temperature of the operating-room, and the other conditions, which are not connected directly with the operation, but which have an important bearing upon the success of work in clinical surgery.

Silver Nitrate in Inflamed Mucous Membranes.

However, as an astringent to the mucous membrane of the nose, the extract of suprarenal capsules or its newly-discovered alkaloid, adrenalin, is the most powerful known. The alkaloid is active in the strength of 1 to 10,000 parts of water, and within sixty seconds after its application blanches the nasal mucous membrane to a creamy white.

Whether the irritant or sedative effects of silver nitrate predominate, depends largely upon the character of the epithelial layer of the mucous membrane to which it is applied. If a 60-grain solution be painted upon the posterior wall of the pharynx, the irritating quality is manifested and produces discomfort, persisting for some time. If, however, this solution be painted upon inflamed tonsils and the inflamed lateral wall of the pharynx, the primary irritant qualities of the nitrates are scarcely perceptible, and the procedure is followed by a sense of great relief and comfort. Painting the lateral walls of the pharynx with a 60-grain solution two or three times a day is one of the best methods of aborting acute pharyngitis and tonsillitis. The reddened parts are at once blanched, partly as the result of the astringent effects of the silver and partly as the result of the formation of a closely-adherent organic compound of the silver. The sedative effects of the application are so marked that the patient is usually able

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to at once swallow without much discomfort. The posterior wall of the pharynx should then be painted with a 20-grain solution of protargol. This treatment, if repeated twice or thrice a day, for two or three days, will in a large proportion of cases abort phlegmonous tonsillitis.—*Dr. E. B. Gleason, in Therapeutic Gazette.*

Importance and Treatment of Rheumatism in Children.

Dr. E. W. Mitchell, of Cincinnati, in the *Cincinnati Lancet-Clinic* of September 14, 1901, after expressing his belief in the germ origin of rheumatism, and giving his reasons for this conviction, concludes with the following suggestions and admonitions:

"The *prognosis* in inital attacks is good. There is, however, always the liability to subsequent attacks, with increasing damage to the heart. The occurrence of endocarditis is a calamity to a child. In only rare instances is there restoration *ad integram* of an inflamed valve. In a fair proportion of cases the damage is so far repaired that the circulation is efficiently carried on and the individual leads a long and useful life. In many cases recurring attacks more and more distort the valves; nature's efforts for compensating hypertrophy are overcome by fatty degeneration of the muscular walls, and dilatation of the cavities, and after a long struggle the patient dies.

"The treatment in children should even more than in adults have special reference to the protection of the heart. In this lies the importance of recognizing early the mild cases and their strict confinement to bed. Children of rheumatic antecedents should have special care in protection from chill, exposure and overexertion. Rest is of first importance in the treatment of all cases. The confinement to bed should be enforced until convalescence is fully established. Protection of inflamed joints, support upon splints, the application of ointments containing salicylic acid, oil of wintergreen or ichthyol, are local measures which, by contributing to comfort and rest, also contribute to cure. Personally, I believe that salicylates are of distinct value, but we rarely see the marked effect in children that we often see in adults, because in them arthritis is so much less marked, and the effects of salicylates are most pronounced upon that phase of rheumatism. Especial care is necessary to protect the stomach from the irritating effects of the drug. Salol and salophen, particularly the latter, are eligible preparations for children; salophen is tasteless, produces no gastric disturbance, and in doses of one grain for each year of the child's life is efficient. Alkalies should be given in sufficient amounts to keep the urine alkaline in reaction. Water should be given abundantly. Hot sponge-baths should be given two to four times in the twenty-four hours. The bowels should be kept open. Upon the appearance of pericarditis or endocarditis an ice-bag may be applied to the heart, but it must be remembered that sometimes young children bear cold applications badly. Opiates and all depressing remedies must be avoided or used with great caution. I prefer a strict milk diet during the acute stage, if milk is well borne.

"The child who has had one attack should be carefully guarded against subsequent attacks. Those children who show a tendency to repeated attacks should, when possible, spend the winters in a warm and dry climate."

Treatment of Pneumonia.

S. L. Burt, after a long paper in the *Medical Record* of April 26, 1902, adds the following recapitulation: "Pneumonia primarily owes its shortness and self-limitation to the perishability of its micro-parasite; the type of the disease depends upon the condition of the individual; pneumonia simply as pneumonia requires no interference; diplococci thrive best at the normal human temperature; fever inhibits the growth of the parasite, and is therefore beneficial; high fever indicates extensive infection, meantime varying degrees of reactive ability; low fever either inability to react or else moderate

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infection; specific medication is unnecessary in pneumonia, if not pernicious; it is imperative to disinfect dejecta and expectoration; aconite and its congeners are injurious; bleeding is seldom required; opium, checking renal activity, in large doses is contraindicated; in old persons opium is exceedingly dangerous; oxygen is useful, but not indispensable; alcohol is valuable as food, and it conserves energy; strychnine, ammonia, alcohol, and nitroglycerin in large doses, as stimulants, should be reserved for emergencies; subcutaneous infusion of a physiological saline solution is invaluable for renal elimination of poisonous accumulations; last, though not least, specific remedies at best are but makeshifts; prevention of infection is the desideratum."—*Therapeutic Gazette.*

Reduction of a Shoulder Dislocation.

Recently, in consultation, I reduced a shoulder dislocation which had resisted the most varied manipulation for several hours, by the following method: Having passed a strong, folded towel through the axilla, and requested the attending surgeon to hold the arm firmly against the patient's body, I administered a few drops of chloroform. Then, having placed a foot against the coracoid process (the shoe having been removed), I made traction on the ends of the towel, and instantly reduced the dislocation completely and easily. I do not think the chloroform aided in the reduction. Very little force was required. If I had a similar case again, I would try the same method without chloroform. This method may have been employed thousands of times, but it was new to me. It served me well, and I hope it will serve others likewise.—*J. W. Kales, M. D., Franklinville, N. Y., in Medical Record.*

The Physicians' Pocket Account Book keeps your accounts in plain, concise, and simple form, requiring but one entry and the briefest possible time. Your accounts, then, are always up to date and ready, strictly legal, and always in your pocket. The price is cheap—only $1.00 for book and leather case, and 50 cents each for subsequent books; 208 pages, good paper, well prepared. Saves its price the first day. Address MEDICAL COUNCIL, 4105 Walnut St., Philada.

Oleic Acid in Hepatic Colic.

Dr. S. Artault de Vevet attempts to to show that in oleic acid, the active principle of olive oil, we possess a powerful preventive of biliary lithiasis.

The author insists on the prime importance of obtaining the pure article, as often fraudulent substitutes are dispensed.

The following conclusions seem to be warranted:

(1) Oleic acid is a specific remedy for biliary lithiasis. (2) The remedy removes promptly the pain of an attack of biliary colic, but its chief efficiency is shown in preventing the return of the paroxysm, by interfering with the further formation of gallstones. It is thus curative and preventive at the same time. (3) The single dose is 8 to 16 min. in capsules, one in the morning for ten days of the month, if the attacks recur monthly, or for fifteen days preceding the expected paroxysm. After continuing this treatment for some time it may be stopped.

Needless to say, the usual hygiene and dietetics required in such cases should be strictly adhered to.—*Merck's Arch.*

The Treatment of Cystitis.

Dr. Charles Chassaignac, in the *Medical News* of September 19, 1901, after mentioning the various clinical types of the disease, writes of the general indications applying in a greater or lesser degree to all forms of cystitis. In all instances rest is of great utility; sexual intercourse and excitement of all kinds should be avoided. Bland food should be insisted on. In very acute cases milk diet or a bread-and-milk diet is the most satisfactory. Alcohol should be prohibited. The bowels should be kept gently open. Hot baths, full or only to the waist, are of great utility by producing relaxation and relieving tenesmus. Heat applied over the bladder by means of water-bags, poultices, or compresses is of great service in diminishing pain, tenesmus, and frequency of micturition. Frequent washing of the bladder with

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warm, mild antiseptic fluids often proves curative as well as palliative. The administration of alkalines is useful in neutralizing the normal acidity of the urine. When anodynes are demanded, if the remedy can be given by the mouth, a good combination is that of codeine with hyoscyamus; to this may be added mild diuretics or any special drug indicated. Most of the so-called urinary antiseptics may serve us in the majority of cases, but they must be given cautiously in order not to cause irritation of the stomach and especially of the kidneys. He follows with a brief reference to the separate types of cystitis.—*N. Y. Medical Journal.*

A Note on the Morbid Conditions Simulating Adenoids.

[*Wyatt Wingrave in the British Medical Journal of September 28, 1901.*]

The conditions that simulate adenoids are, according to Wingrave, as follows: 1. Diminutive choanæ and nostrils, which are frequent; usually associated with a low pharyngeal vault and imperfect maxillary development; immobile velum palati, and a gothic-arched palate. The nostrils may be uniformly diminutive, or may be normal, while the turbinals are disproportionately large. The former condition seems to be associated with development of the maxilla while the turbinal disproportion is especially associated with puberty and the balance may not be restored for several years. 2. The low pharyngeal vault which occurs in rickety children, and often accompanies the former conditions. 3. Paresis of the soft palate and pharyngeal muscles, which may be the result of any form of nasal obstruction and due to various forms of paralysis or neglect, or bad breathing habits. 4. Prominent crest of the vomer or backward prolongation of the nasal septum, which is not rare. This is often associated with other abnormalities. 5. Forward projection of the vertebral column, in which the arch of the atlas is the chief offender, though the second and even the third cervical bodies may often be involved. 6. Retropharyngeal abscess, and here Wingrave calls special attention to the retropharyngeal lymphatic gland, supposed to be only present in early life, and which may be the seat of acute or chronic inflammation, giving rise to swellings that seriously encroach upon the upper passages. 7. Undue prominence of the soft parts covering the internal pterygoid plate and the tuberosity of the palate is not rare, and is associated with general thickening of the mucous membrane. 8. Finally, the postnasal space may be obstructed by webs and neoplasms which cannot be described in this communication. These here enumerated include the commonest only of these morbid conditions that simulate or are responsible for the existence and persistence of "adenoid" symptoms.—*Journal American Medical Association.*

[These eight instances of encroachment on the naso-pharynx that might be mistaken for adenoids should be constantly borne in mind. Adenoids must be seen or distinctly felt by the examining finger to justify the diagnosis of their presence. The proper remedy, in most cases, is surgical, and should not be attempted by the inexperienced, unless so far removed from some one who has the necessary skill as to preclude the possibility of his service.—Ed.]

The Preservation of the Teeth of School Children.

Rules recommended by the School Children's Committee of the British Dental Association, and circulated for the information of managers and teachers of the national schools in Ireland: "Without good teeth there cannot be good mastication. Without thorough mastication there cannot be perfect digestion, and poor health results. Clean teeth do not decay. The importance of a sound first set of teeth is as great to the child as a sound second set is to the adult. Children should be taught to use the tooth-brush early. Food left on the teeth ferments, and the acid formed pro-

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duces decay. Decay leads in time to pain and the total destruction of the tooth. The substance of the following rules should therefore be impressed constantly upon all children: (1) The teeth should be cleansed at least once daily. (2) The best time to clean the teeth is after the last meal. (3) A small tooth-brush, with stiff bristles, should be used, brushing up and down and across, and inside and outside, and in between the teeth. (4) A simple tooth-powder or a little soap and some precipitated chalk taken up on the brush may be used if the teeth are dirty or stained. (5) It is a good practice to rinse the mouth out after every meal. (6) All rough usage of the teeth, such as cracking nuts, biting thread, etc., should be avoided, but the proper use of the teeth in chewing is good for them. When decay occurs it should be attended to long before any pain results. It is stopping a small cavity that is of the greatest service. In 10,000 children's mouths examined, 86 of every 100 required skilled operative treatment."—*Journal of the British Dental Association.*

Cancer of the Skin.

(1) Cutaneous cancer can be traced in almost all instances to preceding local irritation.

(2) While other causes may be operative, it is not unreasonable to assume that infection may be one source of irritation occasioning cancer.

(3) Benign epitheliomatous proliferations of infectious nature transmitted by contagion lend weight to this view.

(4) Cancer is curable, but the disease may be allowed to progress until the patient no longer is.

(5) No treatment short of the most radical measures should be tolerated.

(6) In the application of caustic pastes and subsequent cauterizing dressings, we possess a method not alone radical, but one which is in many conditions preferable to the knife.

(7) The earlier treatment can be applied, the less likelihood is there of recurrence or of subsequent outbreaks in other parts, due to cancerous tissue which has been left behind.

(8) The X-ray as a means of treatment bids fair to prove quite as effective as caustic applications.—*Conclusions by Dr. Chas. W. Allen, in N. Y. Med. Jour.*

[This is capable advice that it is safe and profitable to follow. The eighth indication is most promising, for we believe that the X-ray treatment of all superficial cancers bids fair to soon become the recognized treatment for this hitherto incurable disease.—Ed.]

Egg Membrane for Skin-Grafting.

In answer to a correspondent we may state that the substitution of egg membrane for skin in hastening the cicatrization of ulceration areas has been attended with considerable success in a number of cases, but that it is inferior to the Ollier-Thierch method. The part to be covered with membrane is prepared in the usual manner, *i. e.*, cleansing with soap and water, alcohol and bichloride of mercury, after which all traces of the bichloride are removed with copious douching with sterile salt solution. The egg membrane may be applied to the granulating surface without previous preparation, or it may be soaked in a weak solution of corrosive sublimate and then washed with salt solution to remove the sublimate solution. It seems to make little difference which surface of the egg membrane is placed on the granulations. The graft is held in place by means of strips of rubber tissue and covered with gauze which is kept moist with salt solution; some, however, prefer to dress the part with dry sterile gauze.—*Phila. Med. Jour.*

Modern pharmacy has given us remedies that are new and valuable in the treatment of respiratory affections and some that are not so successful. Doctor, let us have some of your recent experiences.

Dr. Leuf's two books, practical First Principles ($1.00) and Practical Obstetrics. Gynecology and The Menopause ($2.50) are written in his well-known masterly style. Worth many times their price. Address *Medical Council.*

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White of Egg Lemonade.

Dr. R. W. Leftwich (*Edinburgh Medical Journal*, May) speaks, from many years' experience, very highly of the following preparation as a nutritive drink for febrile and wasting disorders: Take two lemons, the white of two eggs, one pint of boiling water, loaf-sugar to taste.

The lemons must be peeled twice, the yellow rind alone being utilized, while the white layer is rejected. Place the sliced lemon and the yellow peel in a quart jug with, say, two lumps of sugar; pour upon them the boiling water and stir occasionally. When cooled to about the ordinary temperature of tea, strain off the lemons. Now insert an egg-whisk, and, when the lemonade is in full agitation, add slowly the white of egg. Continue the whisking for two or three minntes more. While still hot, strain through muslin. Serve when cold.

The white of egg will be found to impart a blandness which makes the addition of sugar almost unnecessary, and this absence of sweetness is greatly appreciated in pyrexial cases, and has its obvious value for diabetics. For non-febrile patients with clean tongues, more than the two eggs may be used to the pint, if desired, but the above is the best proportion in general. To the objection that the drink is contraindicated where albuminuria is present, the author says this may be true of Bright's disease; but he has not found that diphtheria or pneumonia cases exhibit either more or less tendency to this complication than others, and no one hesitates to order brandy-and-egg mixture in these diseases.

This drink is very useful in the febrile diseases of children. It may be given simply as a "lemonade," without mentioning the eggs, and will thus be readily taken by children and difficult patients. It also possesses antiscorbutic properties, which replace those lost from milk by boiling and sterilization. In typhoid it is specially valuable, forming a relief from the monotony of milk, and not having the constipating and flatus-producing effects that beaten-up eggs that include the yolk have. The author is confident that the patient who takes plenty of this lemonade, in addition to four pints of milk *per diem*, will emerge from the pyrexial period of typhoid fever without that wasted, hollow-eyed, and skin-drawn look, and that, after a few days, instead of lying like a helpless log, he will be able to shift himself pretty freely.—*N. Y. Med. Jour.*

The Curability of Syphilis.

Speaking of the curability of syphilis, in the symposium upon that disease in the October number of the *International Medical Magazine*, William S. Gottheil, of New York, takes exception to the opinion of its practical incurability which is prevalent in certain quarters. Every day experience shows that the great majority of cases are cured in every practical sense, the occasional late relapses and accidents to the contrary, notwithstanding. He concludes:

1. Syphilis is a curable disease and may even, with restrictions, be called a self-limited one.

2. While a cure in a given case cannot be affirmed with scientific accuracy, the chances of its being the fact after a certain time under proper treatment are so great that it may be properly claimed to have been effected.

3. Practically, a patient who has been properly treated throughout the active stages of the disease, and who has had no manifestations of its persistence for several years thereafter, may be regarded as cured, and may be told so.

The Anti-Tubercular Serum of Raw Meat.

The raw-meat treatment of phthisis recommended by Grancher, Debove, Darenbert, etc., has failed to become very generally adopted, owing to the practical difficulties in the way of its application.

The work of MM. Richet and Hericourt on the specific action of raw meat is not due to mere accident, but to a careful sifting out of observations carried on during a period of five years.

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In a communication to the *Academie des Sciences* (February 26, 1900), these authorities proved that cooked meat does not possess the specific properties of raw meat or prevent the development of the disease—a supposition hitherto unsupported by scientific evidence. The most original part, however, of their investigations is that the therapeutic activity of raw meat is solely concentrated in the portion soluble in water, which part is contained in the muscular plasma, and that raw meat does not act as a super-alimentary agent, but somewhat as a lymph vaccine, having a distinct and specific action against tuberculosis.

Their long and laborious investigations, therefore, throw an entirely new light on the raw-meat treatment.

Dogs rendered tuberculous by injection into the saphena vein of the tibia, of from one-half to one cubic centimeter per kilo of the animal's weight of cultures of human tuberculosis, invariably perished unless submtted to the raw-meat treatment within from 50 to 60 days. On the other hand, if, after inoculation, these animals are exclusively fed on raw meat, they live much longer (from 10 to 12 months, often more), and some appear to be quite cured. The beneficial action of the raw meat is shown, even if the animal is fed on it long after the infection has commenced and even when the state of cachexy is extreme, the appetite returns, while strength and weight increase rapidly. Dogs which are fed on raw meat before inoculation have great resisting power and are only inoculated after repeated and persistent attempts to infect them.

The authors of this discovery, therefore, have applied to this form of opotherapy the term Zomotherapy (from Zomos, meat juice).

Life Insurance Companies and the Drinker.

An unforeseen aid in the temperance cause, and one that should be used more, is the exclusion of drinking-men from the service of railroads and large manufacturing companies. Another, and one perhaps equally powerful, should be discrimination by insurance companies against the drinker. Heretofore our American companies have made no distinction in rates, but English companies make better rates to abstainers, as statistics show that they have an advantage of at least 20 per cent. in expectancy of life. The abstainer should certainly have a corresponding preference in rate, and not be forced to pay part of the premiums of the reckless drinker. The medical examiner deservedly has great influence in insurance companies, and should urge upon them the method suggested, in the interests both of his company and of social progress.—*American Medicine.*

[The plan of giving better rates to non-drinkers of intoxicating beverages, as is here said to be the practice of the English insurance companies in contradistinction to our own, which do not, is fair as well as beneficial to all concerned. It is beneficial generally in that it puts a premium upon total abstinence. We are glad to know that total abstinence, or pretty near this, is exacted now by most large corporations and extensive employers of labor. Men who forswear the use of intoxicants save money, health, vigor, run less risks of death by accident, or disease from physical deterioration, do not waste their money, and actually increase their incomes by getting merited better pay.—ED.]

Falling of the Hair.

The exciting cause of alopecia is dandruff in fully 75 per cent. of cases, according to the *Medical Standard.* The dandruff is produced by infection of the hair follicles and sebaceous glands, with subsequent atrophy and cicatricial contraction. Dandruff may usually be cured by washing with tar soap and warm water. More severe cases require shampooing with tincture of green soap, using plenty of friction to stimulate the circulation. If the scalp is not inflamed and sensitive, it may be washed every day at

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first, then once or twice a week when the scales have disappeared. The soap should be washed off in hot water, and this followed by a cold douche, the scalp being rubbed meanwhile until it glows. Massage or brushing of the scalp for five to ten minutes every day is valuable in all forms of alopecia. The scalp should be rubbed with the tips of the fingers and be made to move back and forth upon the subcutaneous tissues. After washing the scalp one may use a 5 to 10-per-cent. ointment of sulphur in vaseline when the hair is dry, or half this strength ointment of resorcin when the hair is naturally oily. Salicylic acid (2½ to 5 per cent.) is profitably combined with either of the foregoing. In obstinate cases, Lassar recommends, after washing, the use of a lotion consisting of ½-per-cent. corrosive sublimate in glycerine and rose water, followed by ½-per-cent. betanaphtol, in alcohol, this followed by an ointment. The hair should be carefully separated and the ointment well rubbed in around the roots. When an ointment is objected to, Walker recommends the following lotion: Salicylic acid, ¼ drachm; castor oil, 2 to 6 drachms; rose geranium oil, 10 minims; alcohol to make 6 ounces. It is necessary to persist in the treatment, month after month, perhaps, until the desired results are obtained.—*Denver Medical Times.*

Baldness.

About once in two weeks the scalp should be thoroughly cleansed with tincture of green soap as a shampoo, and the following well rubbed in once a day:

℞ Resorcin . . . . . ʒj
Ac. salicyl. . . . . gr. xv
Ol ricini . . . . . gtt. viij
Alcohol . . . . . ʒj

After two or three weeks this latter may be replaced by:

℞ Hydrarg. chlor. corros. . . . . gr. viij
Betanaphtol . . . . . gr. xlv
Ol. ricini . . . . . ♏ xv
Alcohol . . . . . ʒiij

—*Medical News.*

PRACTICAL FIRST PRINCIPLES, by Dr. A. H. P. Leuf, gives the fundamental principles of physiologic and pathologic processes so plainly that they remain always clear in the mind. Only $1.00.

Book Reviews.

THE ACCESSORY SINUSES OF THE NOSE, etc. By A. Logan Turner, M. D. (Edin.), F.R.C.S., Ed., Surgeon for Diseases of the Ear and Throat, Deaconess Hospital, Edinburgh. With 40 plates and 81 figures. Longmans, Green & Co., New York; William Green & Sons, Edinburgh. 1902. $4 00.

This book is the outcome of a series of lectures delivered before the Fellows of the Royal College of Surgeons, of Edinburgh, in 1898. The work is unique and splendidly gotten up. The plates are full-page and most excellent. It fully describes the frontal, ethmoid, sphenoid, and maxillary sinuses, and their communications and anomalies. It takes up their comparative study, transillumination, and finishes with the etiology and pathology, diagnosis and treatment of the suppuration of these and accessory sinuses. The book is so thorough, well gotten up, and fully indexed, that it is sure to be of value to the progressive general practitioner to whom, after a careful perusal of this work, the treatment by operation and otherwise of these cavities appears much simplified. We make no mistake in commending it for its general excellence and usefulness.

THE TREATMENT OF FRACTURES. By W. L. Estes, A. M., M. D., Surgeon and Chief of St. Luke's Hospital, South Bethlehem, Pa. The International Journal of Surgery Company, 100 William St., New York,

This book of more than two hundred pages, by a man who has done a good deal of surgical work, much of it very good, is the bound reprints of a series of articles that appeared in the *International Journal of Surgery*. The type of the pages is of the column width of the journal from which they are reprinted, and the fact is disagreeably evident from the attempt to economize space, by which the upper and lower margins of the pages are narrower than those of the sides. The book is good as far as it goes, but is rather elementary, without having the advantages of one designed to be so. It is capable of considerable improvement. Should a second edition be required, we would suggest that the author, for his own sake at least, revise the book so that it may have a better reason for existence than is now apparent. It has the appearance of an ambitious venture to be the author of a book, without the exercise of that careful attention which the writer's own reputation and the rights of the purchaser demand. We can see no reason for commending the book, despite the demonstrated ability of its author, who, with proper care, we are perfectly satisfied, could present a book upon similar lines that would be much more creditable to him and acceptable to others as a part of a well-selected medical library.

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WAINWRIGHT'S URINARY DIAGNOSIS AND TREATMENT. By J. W. Wainwright, M. D., Member of the American Medical Association, etc. Numerous engravings and colored plates. Pages, 140. Price, $1.00 net.

This is a very good book upon the subject of which it treats, and one which no practitioner will go astray in buying. It bears the earmarks of a master of the subject; it is written with a view to economy of expression; is well arranged and fully indexed. The author gives a list of the books consulted by him in writing his own, a practice which is alike commendable and useful. A number of blank pages at the end of the book serve for special memoranda. The work is a valuable little store of useful information for ready reference by the busy practitioner.

INFANT FEEDING IN HEALTH AND DISEASE. By Louis Fischer, M. D., Professor of Diseases of Children in the New York School of Clinical Medicine, etc. 52 illustrations, 16 charts and tables, mostly original. 368 pages, 5¼x8 inches. $1.50 net. F. A. Davis Company, 1914-16 Cherry St., Philadelphia, Pa.

This is merely one of a series of standard monographs that do credit to the house from which they issue. It is brief, to the point, and arranged with remarkable excellence. So compact a work upon this subject could not be arranged to better advantage for so small a book. We know of none other as satisfactory.

SYPHILIS; ITS DIAGNOSIS AND TREATMENT. By William S. Gottheil, M. D., Professor of Dermatology and Syphilogy, New York School of Clinical Medicine, etc. Illustrated. Pages, 216. Price, $1.00 net. G. P. Engelhard & Co., Chicago, 1901.

This is a standard little monograph of 216 pages, by a gentleman thoroughly competent to handle the subject from every point of view. We are glad to see that the publishers, in this book, have used new paper well calendered and with cut edges. The subject is treated from the historic as well as practical standpoint; it is freely illustrated, and contains many valuable practical suggestions as to treatment, which it is advisable for every practitioner to familiarize himself with. The book can be carried about in the pocket without inconvenience for consultation whenever opportunity arises, if only for a few minutes. It is well worth having, and in many respects preferable to the larger works upon the same subject.

THE DRUG HABITS AND THEIR TREATMENT. By T. D. Crothers, M. D., Superintendent Walnut Lodge Hospital, Hartford, Conn., etc. Pages, 96. Price, $1.00 net. G. P. Engelhard & Co., Chicago, 1902.

The well-known connection of the author of this book with the subject of which it treats, and his unlimited labors in this field for many years, are sufficient guarantee that full justice has been done the subject in the 96 pages devoted to its consideration. While in many respects giving evidence of a certain degree of bias inseparable from long devotion to the one subject, it is a safe guide, we might say a very wise and valuable one, to the general practitioner. It is the thing needed by the very busy man because it gives him the essential information he wants in the shortest possible time.

TREATMENT OF FRACTURES By Chas. Locke Scudder, Surgeon of the Massachusetts General Hospital, Out-Patient Department, etc. Assisted by Fred. J. Cotton, M. D. Royal octavo, 433 pages, with 585 illustrations. W. B. Saunders, 925 Walnut St., Philadelphia. Cloth, $4.50, net.

This elegantly gotten up book, printed upon the very best of heavily calendered paper, and profusely illustrated with mostly original drawings, is a masterpiece of its kind, not only evidencing a thorough knowledge of the subject by its author, but a facility of illustration and a clearness of presentation that is exceptional, even with professed teachers. It is a book that we can and do commend without any hesitation whatever. It is a profitable investment for any man, even though he own a systematic treatise upon surgery. It is a book that will profit any man who undertakes to treat fractures. It is, therefore, in our judgment, almost indispensable to general practitioners, There is also a useful bibliography of four pages at the end of the book.

A BRIEF NECROSCOPY AND ITS MEDICO-LEGAL RELATIONS. By Gustav Schmitt, M. D. 3¾ x 6¼ in., leather, 186 pages, $1.00, net. Funk & Wagnalls Company, New York and London.

This little book briefly epitomizes most of the things one should know when making a post-mortem examination. It can readily be carried in the inside coat pocket or the hip pocket; has a flexible leather cover; is well indexed and systematically arranged, besides having three useful diagrams in the forepart of the book. It is also serviceable to physicians who are to testify in court on post mortem findings, and for lawyers examining witnesses upon such testimony. We commend the little book without hesitancy.

TEXT BOOK OF PATHOLOGY. By Alfred Stengel, M. D., Professor of Clinical Medicine at the University of Pennsylvania. Octavo, 873 pages, 372 illustrations. Revised third edition. W. B. Saunders & Co., Philadelphia. Cloth, $5.00, net.

This is one of the best standard text books upon pathology published in this country. It is divided into Part I, on General Pathology, and Part II, Special Pathology. It is systematically arranged, and covers the entire field in a thorough manner, with a due regard to economy of space. The book

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is alike useful to the student and general practitioner. It has a 38-page double-column index, by means of which any portion of the book may be readily found. The different parts of each subject are headed by heavy-faced type, thus simplifying reference to any of its parts. Every portion of the work is up to date, that on Neuropathology having been revised by Dr. Joseph Saylor. The possession of this work makes that of others upon the same unnecessary.

DISEASES OF THE HEART: THEIR DIAGNOSIS AND TREATMENT. By Albert Abrams, A. M., M. D., San Francisco, Consulting Physician for Diseases of the Chest, Mt. Zion Hospital and the French Hospital. Illustrated. Pages, 172. Price, $1.00, net.

This little book of 178 pages is a veritable *multum in parvo* on diseases of the heart, which it treats from every possible standpoint, including diagnosis and treatment more particularly. Also nervous affections of this organ, and diseases of the arteries. An addendum upon the heart-reflex is specially interesting. It is one of those few valuable little books that can very profitably be carried in the pocket, and read at leisure as opportunity arises, a few minutes at a time until it is finished.

A HANDBOOK OF APPENDICITIS. By A. J. Ochsner, M. D., Professor of Clinical Surgery, College of Physicians and Surgeons, University of Illinois. Pages 182. Illustrated. Cloth, price, $1.00 net. G. P. Engelhard & Co., Chicago, 1902.

This is a timely book upon a subject which has of late secured a great deal of attention, both lay and professional, and still commands widespread interest. The author is not an extremist, as is evidenced by his chapter on "Non-operative Treatment," recognizing in this the safe means of cure for many cases. In fact, he says on page 93: "I am confident that with proper non-operative treatment almost all of the cases which are diagnosed reasonably early may be carried through any acute attack, no matter what its character may be." He does not believe in the imperative necessity for operation, particularly by incompetent individuals, believing the patient's chances to be better without operation under such circumstances. The subject is ably discussed; the operation fully described, and the author's recommendations, both as to operative and non-operative treatment, clear, judicious, and reliable. The book merits high commendation.

DISEASES OF THE EAR, NOSE, AND THROAT, AND THEIR ACCESSORY CAVITIES. By Seth Scott Bishop, M. D., D. C. L., LL.D., Professor of Diseases of the Nose, Throat, and Ear in the Illinois Medical College, etc. Second edition Thoroughly revised and enlarged; 94 chromo-lithographs and 215 half-tone and photo-engravings; 6½x9½ inches. Pages, xix-554. Cloth, $4 00 net. The F. A. Davis Company, 1914-16 Cherry St., Philadelphia.

The work is divided into four parts and an appendix giving many formulæ under the head of remedies, and sample pages of an ideal case record book. Part I relates to the ear, and consists of seventeen chapters. Part II is on the nose, and is composed of ten chapters. Part III is on the pharynx, end is composed of nine chapters. The illustrations are all useful and instructive, and there are many colored plates, some, we are sorry to say, not quite as good as others, though in the main highly useful. It is one of the most thorough books upon the subject at that price, and we are glad to see that the author devotes so much space to the consideration of ear diseases, and particularly that of the mastoid. The author begins each subject at the beginning, taking nothing for granted, and laying his own foundation in anatomic descriptions and physiologic explanations before going into the subjects of pathology, symptomatology, and treatment. The book is thus complete, and an ideal one of its kind for the general practitioner, to whom we commend it without reservation.

DISEASES OF THE NOSE AND THROAT. By D. Braden Kyle, M. D, Professor of Laryngology and Rhinology, Jefferson Medical College, Phila., etc. Octavo, 646 pages; 175 illustrations, 23 in colors. Cloth, $4.00 net. W. B. Saunders, 925 Walnut St., Philadelphia.

This is a well gotten-up book from the publisher's standpoint, except that its pages are too closely printed for neatness in appearance and ease in reading. The work is thorough and up to date, and the author spares no effort in making the subject particularly clear to the reader. He considers fully all the diseases afflicting the nose and throat, including those due to constitutional disturbances, as well as injuries of all kinds. It is a book by means of which the general practitioner may be sufficiently instructed to do the special work to which it is devoted, so that he may, in time, do without the services of a specialist in most of his cases. The author is well read upon the subject; has unlimited facilities for clinical experience, and draws upon both for the enrichment of his work, than which, we know of no better for the general practitioner upon the subjects of which he treats.

THE INTERNAL ANATOMY OF THE FACE. By M. H. Cryer, M. D., D. D. S., Professor of Oral Surgery in the Dental Department of the University of Pennsylvania. Octavo, 176 pages, 150 illustrations. $1.50 net. The S. S. White Dental Mfg. Co., Philadelphia.

This is as finely-gotten-up a book from the publisher's standpoint as we have ever seen for the money. The typography is most excellent, the

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paper superb, and the illustrations splendid. The author's part of the work is not a whit inferior to that of the publisher, and can truly be said to be of the highest type. The author is evidently a master of the subject, and his numerous illustrations of the facial portion of the skull in various sections and dissections reveal to the reader the entire surface of the face more thoroughly than we have ever seen it done elsewhere. The work is original, thorough, lucid, and complete. While primarily intended for the use of those interested in dentistry, it is also of inestimable value to the physician who is truly interested in his work. No scientific physician can afford to be without it, and we do not hesitate to declare unequivocally that no purchaser of this book will regret the expenditure of the small sum it costs from the moment he first inspects its pages.

OPHTHALMIC MYOLOGY. A Systematic Treatise on the Ocular Muscles. By G. C. Savage, M. D., Professor of Ophthalmology in the Medical Department of Vanderbilt University. Octavo, 589 pages, 61 illustrations, and 6 plates. Published by Dr. G. C. Savage, 139 N. Spruce St., Nashville, Tenn.

This book, as its name indicates, deals entirely with derangements of the eye muscles. It is extremely technical, and hardly a fit book for the general practitioner, except the occasional highly scientific one thoroughly up and interested in physics. It is pre-eminently a book for the specialist, though also of advantage to the general practitioner doing eye work, such as the fitting of glasses. The doctor makes some original observations with reference to the mechanics or physics of ocular movement, taking exception to some accepted views, and demonstrating his position with an ability that is pleasing as well as convincing. He is a master of the subject, evidently a first-class physicist, and one from whom we can expect more of interest in the future. As we have said, the book is only for the specialist and the general practitioner who undertakes to do spectacle work. To others it is practically useless, but to those mentioned it should be of great value.

Ceaseless activity seems to be necessary to existence. Nature impels children to keep constantly in motion because the exercise is necessary to their physical development. We admire an active, enterprising person, while we regard a lazy individual with contempt. We note the movements of the planets, and are taught that a cessation of their motion would be attended with disastrous consequences to the entire universe. There is life and health in a flowing spring, and disease and death in a stagnant pool.—*Newlin H. Yount, Independence, Ind., in Itemizer.*

Useful Notes.

Four-Hundred-Dollar Prize.

D. J. B. Mattison, Medical Director, Brooklyn Home for Narcotic Inebriates, offers a prize of four hundred dollars for the best paper on the subject:

Does the habitual subdermic use of morphia cause organic disease? If so, what?

Contest to be open two years from December 1, 1901, to any physician, in any language.

Award to be determined by a committee: Dr. T. D. Crothers, Hartford, Conn., editor *Journal of Inebriety*, chairman; Dr. J. M. Van Cott, Prof. of Pathology, Long Island College Hospital, Brooklyn; and Dr. Wharton Sinkler, Neurologist to the State Asylum for the Chronic Insane, Philadelphia.

All papers to be in the hands of the chairman, by or before December 1, 1903, to become the property of the American Association for the Study and Cure of Inebriety, and to be published in such journals as the committee may select.

The Symptoms and the Immunizing Cure of Hay Fever.

As soon as the irritating particles, derived mainly from the exhalation of pollen of certain plants, are disseminated in the air, the proverbial attacks of hay fever begin. There is no mistake about the attack itself—the sudden onset, the conjunctival congestion, the sneezing, the discharge, the tickling and the coughing from the pharyngitis, all point to the one cause—hay fever. All these conditions in the patient complete a picture of unhappiness, illness and woe beyond comparison. One cannot, in a short discussion, review all the therapeutical measures introduced for the relief of this troublesome disorder. It will be necessary, therefore, to devote our attention to the method which, to-day, is giving the best results in hay-fever cases, both as to relief and cure. The method consists in giving 5-grain doses of Blennostasine three times daily. Where local applications are deemed necessary, the most favorable results are obtained from the use of the various Emoleo combinations. For details concerning these preparations, we would refer physicians to McKesson & Robbins New York, for pamphlets thereon. Mention COUNCIL.

Our readers will appreciate the following announcement:

Dear Friend: I am arranging to take another party of people to Europe next year—1903—to sail the last week in June from New York for Naples, then travel north, ultimately sailing for home from Liverpool. Among the principal places in this tour will be Naples (Pompeii and Vesuvius), Rome, Pisa, Florence, Bologna, Venice, Milan, Geneva, the St. Gotthard Tunnel, the Rigi-Kulm, Lucern, Shaffhausen (the Falls of the Rhine), through the Black Forest to Strassburg, Heidelberg, Mayence, the Rhine to Cologne, Antwerp, Brussels. Paris (Versailles), London, Shakespeare district (coaching tour), Dublin, Liverpool. Time, 60 days. Price per person, $510. This includes eating,

(Continued over next leaf)

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THE

Medical Council

A MONTHLY JOURNAL FOR THE PHYSICIAN AND SURGEON.

"WE FIND WISDOM AND STRENGTH IN COUNCIL."

J. J. TAYLOR, M. D., Editor and Publisher. | PHILADELPHIA, PA. | A. H. P. LEUF, M. D., Associate Editor.

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Address all communications and make all funds payable to Medical Council, 4105 Walnut Street, Philadelphia, Pa., U. S. A.

NOTE OUR CHANGE OF ADDRESS.

Our subscribers and correspondents will please notice our change of address from 12th and Walnut Streets, to 4105 Walnut Street. This is another step in the substantial progress of THE COUNCIL.

We thank our loyal friends for their enthusiastic co-operation, and shall strive to deserve it even more in the future than in the past.

On the Need of Higher Diagnostic Skill.

In these days of advanced medical progress, with the great differentiation into numerous departments and specialties, it is becoming increasingly difficult to accurately recognize many distinct diseases at their beginning, when much more can be done than later. In former days, and that not so many years ago, there were fewer distinct diseases recognized than at present, and their medicinal treatment was a conglomeration of theory and superstition, with an occasional sprinkling of effective medication as the result of experience. But the mode of action was, by no means, understood.

Just as it is easy for an ordinary machinist to fix a defective part in a Hoe printing press, so is it easy for the most ordinary practitioner of medicine to remedy recognized ills. But it is just as difficult for the diagnostician to determine the exact condition of the patient as it is for the machinist to discover the defect in the printing press. This ability is confined to a small proportion of machinists as is its counterpart to a small body of able and competent physicians. This is by no means as it should be, nor are we inclined to lay all the blame upon physicians for this deficiency. This belongs properly to the teaching bodies responsible for the special knowledge of our medical graduates.

Just as the expert machinist requires, for his ability to detect the defect in the printing press, a thorough knowledge of its construction and the principles of mechanics, so is it necessary that the diagnostician should be most thoroughly grounded in the normal structure and functions of the body, together with the pathologic changes to which they are subject. His knowledge should be systematized and kept well in hand, ready

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for application in any direction at a moment's notice. Much detailed information need not be kept in mind, it being sufficient that he should know where to search for it, and always have it ready at hand.

In other words, medical students should be thoroughly grounded in anatomy and physiology, and then in pathology, after which a thorough understanding of therapeutics has its greatest value. Those already graduated should hasten to perfect their knowledge in these fundamental and most essential departments.

Some of the most troublesome and longest enduring afflictions, causing patients to wander from one physician to another in the hopeless quest of cure or relief are an overwhelming indictment of our incompetence as a profession, of our failure to be even nearly equal to the possibilities of present day medical science. Nor can we be derelict as individuals in these requirements without great cost to ourselves. To the one man out of many who is a good diagnostician there falls the accumulated chances accruing from the deficiencies of his *confreres*.

How many patients are lost annually to the average practitioner of medicine through his inability to recognize the trouble for which he is consulted, and which he, therefore, is unable to treat? This deficiency is the cause of losing valuable families every year to those who have been long in practice.

We speak of all this on the broad general principle that a man following any avocation should be as competent in it as the knowledge of the times and his opportunities permit. It is given to nearly every one of us to be thoroughly competent in this regard. Those who are not, as we have already said, are losers in consequence. Against this nothing can be said, for it is a merited punishment. We would be derelict if we said nothing about the rights of the patient who suffers in consequence of this unnecssary ignorance in the form of continued misery, if not shortened existence, as well as from needless expenditure of his earnings.

The lesson from all this is, first, that it is the duty of the physician to be as well informed as it is possible for him to be. Second, that it is the patient's right to expect this. Third, that to do so carries with it its own pecuniary reward to the physician, as well as the increased satisfaction resulting from the consciousness of rendering to his confiding patients the utmost that the knowledge of the times affords.

A Word About Obstetrics.

There is no special season of the year having as its peculiarity the birth of children. They come all the time. The discussion of this subject is, therefore, always timely. It is well to bear in mind that it is the branch of medical practice subject to the most unexpected dangers, requiring the promptest and most energetic measures for the relief of the patient, her very life sometimes hanging by a thread. It is difficult to estimate the number of women's lives lost annually because of the failure of their attendants in childbirth to do the right thing at the right time; and those who leave the childbed physically more or less disabled for varying periods afterwards, because of the incompetence or neglect of their attendants, number countless legions. They have, in fact, produced the specialty of gynecology.

This is an indictment of the profession. There is many a mechanic earning twelve dollars a week who would lose his job if he did not do his work better

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than many obstetricians do theirs; and we say this deliberately, with the full intention of implying that it is no more difficult for a physician to master all the details necessary to become a good obstetrician, once he has gone over the subject, than it is for some mechanics to be good at their work.

Ignorance in matters obstetric is due to inadequate instruction, and to the carelessness of the individual, neither of them excusable. There are a few factors of a fundamental nature that should be mastered, and upon which may be hung a mass of detail, the proper understanding and use of which would insure expert work in the lying-in chamber. There is necessary a knowledge of those parts of the mother through and over which the child must pass in its birth; a knowledge of the child as a physical object coming through a channel with difficulty; add to this a general knowledge of the normal functions of the body at large, both of mother and child; and an understanding of pathologic processes, particularly the healing of wounds and the principles of infection. A man so equipped need not necessarily remember the exact stages of a certain operative procedure, or other means of rendering help, if he has ready at hand all the raw material out of which he can devise his own efficient means of helping both mother and child with the assistance of only mediocre reasoning powers. The requirements of the memory in this are not insuperable, in fact, are only most ordinary. It is true, however, that the mechanism of labor requires for its thorough understanding a more or less ready imagination, that can vividly picture to the perceptive center what the eye cannot perceive, though the finger can partly feel. After this, it is a matter, as we have said, of ordinary judgment.

In view of this self-evident truth, there is no excuse for any physician being unable to render any service likely to be necessary to women in confiement during his entire lifetime as a practicing obstetrician. The best thing may not always be done, not even in the presence of the most experienced judgment; but a woman's life should never have to be sacrificed if seen in time, except by the most unusual combination of circumstances that no amount of foresight could guard against. These cases are extremely rare. In view of these facts, it is the duty of every man undertaking the care of a woman in confinement, to be mentally equipped to do his full duty by her under all circumstances, and this should be backed, as soon as possible, by an adequate armamentarium. How many are practicing obstetrics to-day who fulfill these requirements?

Adhesive Plaster to Prevent Perineal Laceration.

Dr. Chas. P. Noble, in the *Amer. Jour. of Obstetrics*, February, 1902, advocates the use of adhesive strips to prevent perineal lacerations. He cuts them 1½ ins. wide and about 18 to 24 ins. long. With them he crosses the perineum, running one from the inner end of one groin, close to the labium majus, obliquely to the buttock of the opposite side, passing just back of the commissure of the vaginal outlet. This is crossed by a similar one from the opposite side. Both strips extend well enough up behind to reach the sacro-iliac synchondroses. A transverse strip is added, also close to the posterior commissure, and fastened to the bent thighs and hips. They should all be drawn tight. The effect of this inelastic support is to force the head in a more forward direction, thus insuring its pas-

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sage through a smaller outlet by continually crowding it against the pubic arch. It is not claimed that this method will prevent lacerations of the mucosa of the posterior vaginal wall, nor of the deep perineal structures, in fact the former is specifically disavowed.

The plan is unobjectionable, and certainly well worth trying by those who have not mastered so-called obstetric anatomy. The same end is, however, achieved in a simpler manner by maintaining forward pressure upon the advancing head by means of one or two fingers in the rectum.

Sure Operative Cure of Bunions.

An English surgeon, Mr. A. H. Tubby, M. S., in *London Hospital*, May 17th, has an article upon the radical cure of bunions, in which he maintains that all previous methods of curing this condition by operation or otherwise are ineffectual. He offers, however, a means that has proven entirely satisfactory in his experience. It consists in making a suitable incision along the entire side of the foot across the site of trouble, after which the overlying soft parts are turned back, care being taken not to sever the tendons of the extensor proprius pollicis, when the enlarged false bursa is dissected off without being opened. The first metatarsal bone is then severed a short distance back of its head in an oblique direction from above downwards and before backwards. A few strokes of the knife then detaches the head of the bone from its connection with the first phalanx of the great toe, and the adjoining soft parts. The outer and lower edges of the cut bone are rounded off to avoid pressure upon adjacent nerves. After all hemorrhage has ceased, the edges of the wound are united, and a suitable pad is placed between the great and adjoining toe so as to push the former in proper line for subsequent use. The stitches are removed at the end of from one week to ten days, and passive movements begun. The patient is able to get about in two or three weeks. While this seems like considerable trouble and expense for what is considered so simple a condition as a bunion, it is, nevertheless, justifiable when we consider the great discomfort caused by this condition, and the hopelessness of cure in any other way.

On the Regulation of Prostitution.

We give below an abstract from a part of a pamphlet issued by Dr. Isadore Dyer, of New Orleans, editor of the *New Orleans Medical and Surgical Journal;* being his remarks before the International Conference for the Prophylaxis of Syphilis and the Venereal Diseases, held at Brussels, in September, 1899.

Each State being sovereign in regard to its own police regulations, it becomes practically impossible to have uniform legislation in the United States in reference to this evil. Each State must act upon it in its own way, if at all. He believes that prostitution should be tolerated by license as a necessity to a civilized community "so long as laws treating on this subject are made differently for men and women." It is wrong to impose no penalty upon the male sensualist, and yet hold his victim criminally responsible. A licensing system would segregate these people in communities where they could be examined, and the spread of venereal contagion would be very much diminished. This would keep the entire class under control, and open a way for future reforms. He suggests:

1. A police record of all houses, sus-

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pected houses, assignation houses, together with the inmates, their names, ages, previous condition, and such other information as may be obtainable and desirable. A copy of the record should be deposited with the Municipal Health Department. As much as possible should be recorded of each inmate with reference to former residence, years of present life, occasion of fall, whether diseased at any time, if ever arrested, heredity (as to occupation and habits of father and mother, particularly with reference to drunkenness or crime), and if other members of the family have been engaged in the same life.

2. Systematic supervision of these places, whether regular or not, by proper officers to insure observance of regulations, recording of removals, etc.

3. Systematic police inspection and record of public resorts frequented by this class; saloons, cafes, gardens, and the like, with special reference to arrest, etc., made at such places.

He suggests that it would be well to have a special division of the public health department for the purpose of obtaining histories of these individuals, and insuring their freedom from venereal disease. He deprecates the collection of data of this kind by policemen because of the limited intelligence of the average official of this kind. With this system once well established, it could be placed entirely under the supervision of the health department, the expenses of which would probably be covered by the license fees exacted. He provides for a monthly circular blank to be sent to each practicing physician for a statistical report of syphilis and venereal diseases in his practice during the preceding month. There should be provision made for the hospital care of those women affected with syphilis or other venereal diseases. There should be a systematic examination of these individuals, free from compulsion. It should be free from police interference, and with as great a degree of privacy as is possible, thus encouraging submission to the physicians sent to these places for the good of their inmates, and secondarily for that of their patrons, and *altogether for that of the community at large.* Submission to these examinations, and subsequent treatment, if found diseased, could be encouraged by the issuance of certificates, showing that upon a certain date they were free from objectionable disorders. While many of these places would have their private examiners, it is suggested that for the poorer and more dangerous classes there be public physicians to whom they could come for examination, and provision be made for treatment of their diseases when affected. Hospitalization is, in his mind, a *sine qua non* for the prevention and control of syphilis and venereal diseases. When once infected, these individuals should be so placed that it is impossible for them to convey their diseases to others.

A Suggestion About Expert Testimony.

In a review of the medical testimony of the Patrick case, in the *New York Medical Journal* of April 5, 1902, Dr. Kenneth W. Millican, of New York, suggests, as an improvement upon the prevailing method of hearing expert testimony in court, the appointment of a medical commission by the court to hear such medical testimony from both sides, subject to cross-examination, and then reporting their conclusions to the court. This is probably the best suggestion that has yet been made for the solution of this really troublesome question. Medical witnesses would be more apt to be exact,

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and hold closer to the truth, before a tribunal composed entirely of several of the best-posted members of the profession, and lawyers would be less flippant in their cross-examination of witnesses. Best of all is the fact that such testimony would be weighed by men most competent to do so. Should there be a difference of opinion between them, there could be two reports, in which event the defendant would certainly get the benefit of every doubt that would unquestionably be honest, for the simple reason that those holding them were free from the bias fairly attributable to any witness paid by the side for which he testifies.

On the Registration of Deaths.

A circular has been issued by the United States Government Department of Vital Statistics, asking medical journals to support the movement of the department, and of the American Public Health Association, for a more complete and uniform method of reporting deaths. A model death certificate is appended, which meets with our full approval. The death certificate in Philadelphia would be a discredit to a small country town, so barren is it in valuable information for statistical study. We heartily favor the movement for a uniform death certificate, with information upon as large a number of points that are relevant and important for statistical study as it is possible and practical to devise.

Doctor, if you are one of the few selected to receive this number as a complimentary copy, we ask you to kindly examine it critically with a view to sending in your subscription in time for the December number, which will be included free with your subscription for 1903. We will also send you an October number if you send before our reserve supply is exhausted. Thus you will get one-quarter year free.

Original Articles.

The following articles have been written exclusively to the editor and readers of this journal. Other journals republishing any of these articles will, as a matter of professional courtesy, kindly give credit as follows:—*Medical Council*, Philadelphia.

Diagnostic Points of Difference Between Spermatorrhea and Seminal Pollutions.*

By F. R. STURGIS, M. D.
New York City.

Mr. President and Gentlemen of the Association:—When your excellent president invited me to read a paper before your Association, it struck me that one calling attention to the diagnostic points of difference between Spermatorrhea and Seminal Pollutions would be of interest; first, because this is a class of diseases which has been comparatively little worked over, indeed, has been rather slighted by the medical profession; and, second, because I have noticed in reading over the literature of the subject which appears in medical journals, that there seems to be a confusion in the minds of medical men as to the nature of these two diseases. With the majority of doctors the two diseases seem to be interconvertible terms and practically the same. This, in my opinion, is decidedly wrong, and in consequence of this confusion the treatment of this class of diseases is uncertain and happy-go-lucky, being rather empirical than based upon sound scientific knowledge.

In this paper I shall not attempt to present a natural history of these two diseases, except in so far as it may be necessary to elucidate the points which I wish to make, and these points I shall lay down as follows:

First. Spermatorrhea is a disease *sui generis.*

Second. Spermatorrhea has nothing in common with pollutions.

Third. Spermatorrhea does not usually lead to impotence.

Fourth. Pollutions may or may not be associated with Spermatorrhea.

* Read at the Twenty-eighth Annual Meeting of the Mississippi Valley Medical Association, Kansas City, Mo.

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Fifth. Pollutions are liable to lead to impotence.

For the purposes of this paper I shall not, of course, under pollutions, include the nocturnal variety, or what is vulgarly termed "wet dreams," but shall confine myself to a consideration of the diurnal forms of this type of the disease, where losses are constant, and where the results are much more serious than they are in the nocturnal variety.

1. Spermatorrhea is a disease sui generis and has nothing in common with pollutions. In this class of sexual diseases the symptoms are so distinct that when its natural history is studied it will be noted that the seminal loss which occurs is *not* constant. It occurs occasionally and under certain conditions, and those conditions are chiefly of the class which requires some strong muscular or expulsive effort to produce the loss, thus, severe coughing, sneezing, straining—as at stool, or during the expulsive efforts in urination—as well as the effort made in lifting heavy objects, where the abdominal muscles are tense while respiration is suspended, are the usual conditions under which the seminal loss occurs, and it is associated, but not constantly so, with a sense of smarting and burning in the deep urethra. The patient is then aware that fluid is running along the course of his urethra, and this sensation is associated with a distinct feeling of depression, so marked that, as patients have expressed it to me, they feel as if they had been "let down." This depression is not only mental, but also physical, and may last anywhere from fifteen minutes to two or three hours before the patient entirely recovers his normal tone. At the end of this time the patient has entirely recovered from his attack, and feels practically as well as ever, having no sensation of mental depression or physical fatigue, nor any of the symptoms which would be grouped under the generic name of Neurasthenia. This is one of the commonest of the causes which produce spermatorrhea; but it may also be caused at times by constipation, which induces the seminal loss, not as has been supposed, because the hardened feces press upon the ejaculatory ducts or upon the vesiculæ seminales, but because the fixation of the abdominal muscles, as well as the muscular effort necessary to expel the contents of the bowels, strip the seminal vesicles, much as a sponge is squeezed of the water which it may contain. But, oddly enough, the opposite condition may obtain and seminal losses may ensue with an attack of diarrhea, especially of that type known as "nervous diarrhea," but only where an irritation of the deeper portion of the canal is present.

Now let us turn to pollutions and see what occurs in this type of disease. *Here the seminal loss occurs without any effort whatever.* It is purely a passive condition, increased, of course, if violent expulsive efforts are made; but in the more advanced type of the disease this is frequently absent, and the loss is a steady, continuous one, the seminal fluid leaking and dribbling from the patient without any effort upon his part; the sensation of the urethral smarting or burning may or may not be present; if it is present, it is continuous and not occasional, and the patient's entire urethra feels sore and tender; there is a continuous irritation throughout the canal. At stool, during seminal pollutions, there is no special increase in the loss; indeed, it is sometimes absent, but at the end of the act of defecation a gush of fluid may ensue, varying from several drops to a teaspoonful, unattended with any pleasureable sensation and hardly recognizable by the patient, so far as subjective symptoms are concerned; indeed, this may only be noticed by the patient at the end of his stool, when he finds that his underclothing is wet from the secretion which has escaped from his urethra.

Now let us mark the difference which occurs in the two diseases during micturition. In spermatorrhea the seminal loss occurs toward the end of urination, when the last expulsive efforts are made to eject the few drops of urine that remain in the canal. In seminal pollutions, on the other hand, the expulsive power is found almost completely lost, and the patient is totally unable to expel the last few drops of urine, which leak away either

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accompanied with or followed by a seminal loss. Indeed, the difference between the tonic and atonic symptoms in these two diseases is particularly well marked.

As regards the subjective symptoms in these two classes of disease, the patient afflicted with spermatorrhea is not neurasthenic nor hypochondriac. He is, as a rule, cheerful, physically capable and mentally sound. It is true he is somewhat upset by the thought that he is losing his semen, but it does not depress him to the same degree as it does the unfortunate victim of seminal pollutions. He is interested in the daily affairs of life; he attends to his business matters with promptness and efficiency, and he is, taking it all the way round, still a man. The unfortunate pollutionist† is the opposite. He is depressed mentally and physically; he is unable to make any prolonged or sustained effort, whether the same be corporeal or mental; he is easily fatigued; he is constantly worrying about himself, regarding himself somewhat in the light of the Peri expelled from Paradise. For him, truly, there seems to be no hope, certainly not in this world, and as for the future, he is either exceedingly doubtful or indifferent. In other words, he is a wreck, certainly not a man, for he is deprived of all that makes a man; he has no will-power and no force. In this regard the distinction between these two classes of patients is well marked. In one other point there is an exceedingly great difference between these two diseases.

2. *Spermatorrhea does not usually lead to impotence, while pollutions are liable to.* In regard to sexual potency and the capacity for coitus, *the spermatorrheic is capable of coitus.* In the lighter forms of the disease his copulative powers are practically unimpaired; possibly the ejaculation may take place a little more rapidly than normally, and this is due to the inflammatory condition of his urethra and to a lack of tonicity in the opening of the ejaculatory ducts. But, taking everything into consideration, he is without doubt a man with virile sexual powers and enjoying the pleasures which coitus brings in probably as great a degree as formerly. In the more advanced types of the disease the patient's erections may, perhaps, not be so good. He may find that *the gaudium coitus* is not as keen as it was before; he is not as eager for the fray, and he may notice, perhaps, that his ejaculation is a trifle to rapid and the duration and amount of pleasure curtailed by the rapidity of the act; still he is capable of efficient coitus, and many a man suffering from this class of disease is a happy father. So far as the partner of his joys is interested, she probably notes very little, if any, difference between the past and the present, for few women, so far as this act is concerned, are very observant. It becomes with them a duty to be performed, and it is seldom that there is much pleasure attached to it, and, of course, the shorter the copulative act in the male, the less the pleasure of the female, and the more perfunctory the act becomes on her part.

Now let us see what happens with the pollutionist. He, unlucky wretch, cannot get an erection, or, if he does, it is such a feeble, trifling affair as to hardly be dignified by the name of erection, and what makes his disease peculiarly aggravating is that while he has a flabby turgescence of the penis, in lieu of the normal erection, he has also more or less of the *libido sexualis; libido sine potestate;* he wants coitus and he cannot get it, for his *membrum virile* is of no use except for urinary purposes; and to cap the climax, the more the desire, the greater the seminal loss. Thus the unfortunate is between the devil and the deep sea; he cannot perform his duties as a man or as a husband, yet he continually wishes to, and he feels that the more he wishes it the less capable he is of performing the duty. With this condition, very naturally, an intense melancholy ensues. The patient oftentimes can hardly behave himself decently. He is irritable, has no appetite, he cannot sleep; in fact, he is a wreck, a curse to himself, a trial to his wife, and a bore to his neighbors, who find it difficult oftentimes to put up with his vagaries.

Now let us watch the result as these

† I ask pardon for this word, as also for "spermatorrheic."

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two diseases progress. The Spermatorrheic usually recovers; especially so if the form of his disease be that of defecation and not of urination. The urinary type of the disease is usually more obstinate and takes longer to recover from. The patient's condition does not end in impotence, or very rarely so, although, of course, it is quite possible that this disease may be associated with seminal pollutions, but then he is suffering from another disease and not from his original one, when he goes through the various stages and presents the various symptoms which the pollutionist exhibits. Under these conditions he may become more or less impotent, but I am perfectly satisfied, from a fairly extensive acquaintance with and observation of this type of patient, that this does not, as a rule, occur; with the pollutionist it unfortunately does; he becomes not only sexually, but physically and mentally impotent. All around him is gloom, and he can see nothing before him but Impotent writ large, and the verdict is: Thou art no longer man but eunuch. Is it a wonder, then, that he sometimes ends the tragedy or comedy of life, as you may choose to call it, by his own hand?

These are the main points of diagnostic differences which exist between the two diseases, and I believe you will agree with me that they are pretty clearly marked.

There are one or two points, perhaps not directly connected with the subject, but still germane to it, upon which, before closing, I should like to make a few comments, and one is that a man may suffer from spermatorrhea without being aware of it, but he never suffers from seminal pollutions without knowing it. Many a strong, healthy man, especially if continent, will pass spermatozoa in his urine, and since I have begun to study these forms of disease more carefully I have been peculiarly struck with this fact. Occasionally patients may tell me that they have periods where the head aches a little, and have a feeling of depression for no earthly reason, or as they style it, the "blues;" they do not feel quite up to the mark, a condition for which they can offer no explanation, and they are not quite as ready with their work, or as bright in their wits when this occurs as usual, and in getting them to send me a specimen of urine, when such a condition of affairs obtains, I have been surprised, more so in my earlier days than now, to find spermatozoa in the urine.

Now the opposite obtains with the pollutionist. He is aware not only that he is not up to the mark, but that he is decidedly below par, and he stays there. He does not recover as the other man does, and he notices, moreover, that his virile powers are not good, that his erections are flabby, and that the slightest friction of his genitals against his clothing, or the slightest sexual thought will produce a flabby erection with some leaking of what he believes is semen, and nine times out of ten it is a seminal loss.

The other point to which I wish to call your attention, is that the spermatorrheic is subject to nocturnal emissions, as healthy men are, and if the disease be slight his emissions are like those of other men. He wakes up immediately after or during the emission, and on finding out what the matter is he gives it no other thought than a feeling of regret that it should be another instances of "Love's Labor Lost." But the pollutionist does not have nocturnal emissions, in the correct sense of the term. True, he finds the evidence of a seminal loss upon his night clothing, in the shape of stiffened linen, and other tell-tale marks, but it has not awakened him, or, if perchance he does awake, he finds he is having or has had his emission without any erection whatever, unless possibly there may be a very flabby and feeble attempt at one; and in the morning he arises without any erection to greet him. With him the penis is as quiet and as dead as is the traditional Cæsar; whereas, the spermatorrheic rises with all the evidence of virility upon him, and rejoices to think that he is yet a man.

16 West 32d Street, New York.

"I want my name enrolled as a perpetual subscriber to THE MEDICAL COUNCIL, as I think more of it than of any other journal I take."—W. J. RIGGS, M. D., Pittsburg, Pa.

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Treatment of Retroflexion and Retroversion of the Uterus.

By J. W. COKENOWER, M. D.
Des Moines, Ia.

There is no subject among the diseases of women that is more interesting to the general practitioner, as well as the gynecologist, than retro-displacements of the Uterus. Interesting because it produces a long chain of symptoms which are often overlooked, and the real cause not ascertained until invalidism is the result.

The fact that the uterus is a movable organ, or because it is behind the bladder, which must fill and empty, and in front of the rectum, which must distend and contract; because it is subject to the intra-abdominal pressure with every inspiration and expiration; because it is fixed with elastic and muscular supports which protect it from sudden jars; because of all this it does not prove that there can be no normal position of the uterus, or pathologic displacement.

It is connected with, and has extensive automatic control of, almost every organ of the body, and, from puberty to the menopause, the immense network of sympathetic nerves around it is ever ready to perform its duty, assisting the uterus in performing all its necessary functions when conception occurs.

The wonderful work and accomplishments of the uterus maintained for about thirty years, during which menstruation or gestation constantly functionating, make it seem reasonable to suppose that its displacement, with a consequent disturbance of its sympathetic nervous connection, will produce disastrous results.

Retroflexion and retroversion of the uterus produce local, remote, and general symptoms peculiar to themselves, and which this short paper cannot mention. The diagnosis is easily made by adding the objective to the subjective symptoms.

One cannot safely promise a cure in any case of retroflexion or retroversion without finally being compelled to resort to an operation; but after taking the precaution to explain to a patient, before treatment is begun, that non-operative treatment may fail, we are justified in making a non-operative attempt, especially if the patient is in a condition to wait. The treatment should be the replacement of the uterus by bi-manual manipulation, and the retention of the organ in its normal place by a well-fitting pessary, or replacing the uterus at each treatment by means of well-placed tampons, keeping them in position until just before the next treatment, and all this supplemented by a judicious application of local tonics and stimulants.

The patient is instructed to daily get into the extreme knee-chest position, and open the vagina with her finger by pressing against the perineum, thus allowing the vagina to fill with air, all this temporarily reversing intra-abdominal pressure, throwing the uterus forward by gravitation and forcing the cervix into the hollow of the sacrum. During the time of this topical treatment, all forms of violent exercise should be avoided, and a corset should not be worn. These tedious forms of treatment will yield a low percentage of cures, and when time is not at a premium, will justify the non-operative treatment.

The operative treatment is *the* one to rely upon, and there are many ways of doing this, but so many noted gynecologists do not agree on the subject. For instance, Kelley, Price, and Reed will tell us one way, Byford, Deaver, Goldspohn, Newman, Martin, and others, another way, each claiming his the only true one. So we lesser gynecologic lights look on with amazement at the whirlwind of conflicting opinions from the many distinguished specialists, and wonder "where we are at," and what we had better do. However, I shall briefly give the operative treatments in the order of their importance to me in my practice.

Anterior vaginal fixation has proven quite satisfactory in my work, but where there are many old adhesions this cannot well be done. The plan is to make an opening, the same as in vaginal hysterectomy, in the vagina anterior to the cervix, and then pass up and through the peritoneum. Then, by means of a couple

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of silkworm ligatures anchored to the anterior surface of the fundus, this is drawn forward and down, and fastened, the ligatures remaining for ten days. This, in brief, is the technique of the operation.

The next, the lengthening of the anterior vaginal wall, has proven valuable, even with some adhesions of the adnexa.

Alexander's operation is not one to be condemned, even with its many failures, but should not be attempted when adhesions exist. The men who do not advocate it are those who have not done the operation a sufficient number of times to learn its advantages, and to have learned from experience its contra-indications. The operation is a difficult and delicate one, ranking with all major surgical operations, and has few failures when properly done.

Ventral fixation or suspension, like the other operations mentioned, has its field of usefulness, but should not be done unless the condition of the patient is such that future child-bearing is out of the question, for instance, strong peritoneal adhesions, in which the appendages must be sacrificed on account of disease; women near the menopause, or whose matrimonial prospects were not good; or cases complicated with tumors, or other conditions demanding a laparotomy; then the operation is justifiable, and the results are satisfactory when properly done.

In conclusion, permit me to say, no scientific gynecologist can have a routine treatment for displacement of the uterus, but he should have a stock on hand of various treatments to suit each case.

The surgeon who condemns Alexander's operation, pessaries, ventral fixation, anterior vaginal fixation, lengthening of the anterior vaginal wall, restoration of the perineum, amputation of the cervix, pelvic massage, postural treatments, any one of them for occasional means of cure of displacements of the uterus, is not, in my opinion, an all-round gynecologist. The successful and up-to-date ones utilize the different methods mentioned in direct proportion to their achievements and eminence as gynecologists.

Treatment of Typhoid Fever with Castor Oil.*

By C. C. BASS, M. D.
Columbia, Miss.

It is proposed in this paper to call the attention of the Association to a treatment for typhoid fever which is at once old and new. The treatment is old in that castor oil has been administered for many years to relieve certain conditions as they arise in the course of the disease, it being often used to relieve tympanitis, constipation and accumulation of undigested and hurtful food. Perhaps there are few physicians present who have not used castor oil at some time in the treatment of typhoid fever. It is the equivalent of the established eliminative treatment, but it is a better choice of drugs. It is new in that castor oil has never been administered as an exclusive or nearly exclusive treatment. The quite considerable inquiry I have made has failed to find the treatment suggested in this light, except in an article of my own published in the *Mississippi Medical Record*, April, 1902.

This paper will present briefly: (1) The theory; (2) the method, and (3) the result of the treatment.

1. *The Theory.*

Typhoid fever is an acute, contagious, self-limited disease, characterized by inflammation, necrosis and ulceration of Peyer's patches and the solitary glands of the small and large intestines. The cases are generally divided into three varieties, according to their severity—the abortive, the mild and the severe forms. In the abortive form there is no necrosis and no ulceration of Peyer's patches. In this form, the temperature reaches normal in the second week. This form seldom occurs in the section of the country where I practice. In the mild type the temperature reaches normal in the third week, with slight elevations generally extending into the fourth week. Bowel lesions may be extensive, but healing is prompt. In the severe form the tem-

* Read before the Miss. Valley Medical Ass'n, Oct. 17, 1902.

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perature ranges high. It may reach normal in the fourth week, but may not do so for a number of weeks longer. In the second or third week the patient passes into a low adynamic condition, characterized by dry tongue, sordes, delirium and muscular disturbances. It is also claimed that severe cases are those in which the absorption of toxins from the alimentary canal is extensive and the elimination therefrom is defective. In the abortive cases there is seldom tympanites, in the mild ones very little, in the severe ones this is a prominent symptom. The more tympanites the severer the case, and *vice versa.* Meteorism arises from two principal causes: (1) Increased fermentation, which takes place in the intestinal contents, and (2) paralysis of the muscular coat resulting from toxemia. If the gases in the tympanites are not themselves toxic, they at least increase the tension in the bowel and increase the absorption of the toxins and germs that do exist in the canal. It is a firm conviction with me that the serious nervous and muscular symptoms are, to a very great extent, if not altogether, due to the absorption from the intestinal canal of toxins. The results of the castor-oil treatment prove this clearly enough, and, it seems to me, do it conclusively. Take any case of uncomplicated typhoid fever where the temperature ranges above 103° F., and give a dose of castor oil every twelve hours, giving no other medicine at all, and the temperature will invariably be reduced in three days, and will generally be below 102° F. and always below 103° F. Any case with wild delirium will subside in the same length of time. The effects of the oil are confined to the bowel. It accomplishes what it does effect by eliminating from the bowels germs and toxins which would otherwise be absorbed. If sweeping the typhoid germs and toxins out of the bowels, thereby preventing their absorption, diminishes these symptoms, then, surely, the absorption of these poisons must be the thing that causes them or aggravates them. The administration of antiseptics, such as have no effect on the nervous system, will generally accomplish the same thing. This is again evidence that the cause of the severe symptoms, or the cause of their severity, is the taking up of something from the alimentary canal. Therefore, the theory is deduced that the more these gases, toxins and germs are eliminated from the bowel the milder will be the case. The thing wanted, then, if this much of the theory is correct, is a drug which will eliminate these poisons from the bowel and at the same time will have no effect upon the general system and will not spend the patient's strength. Castor oil is the medicine wanted. It goes through the bowel practically as a bolus, or *en masse*, and cleanses them more thoroughly than any other purgative, and it does not draw upon the system or any organ for its purgative property, but acts of itself, and it is not absorbed to overload the already overburdened blood with abnormal substances. I feel myself amply justified in saying, after repeated and careful tests, that castor oil does not weaken or injure the patient, and that no other purgative known to me or used by me acts in the same way. In typhoid fever digestion is very imperfect and fermentation is excessive. We have in the alimentary canal, therefore, at all times more or less fermenting and undigested food, which, of course, makes a bad application to the inflamed, necrosed, or ulcerated mucous membrane. Move this off often enough to prevent any accumulation of it and protect the membrane with oil, and the inflamed spots will not be so likely to pass to necrosis and ulcers will heal more rapidly. The quantity of this fermenting and undigested food will be kept less by moving it off often; the amount absorbed will thereby be lessened and the case thus held to as mild a course as possible. If the ulcers are slow to heal, and the case runs a long course, the patient is not overburdened with toxins to exhaust him before they do heal and the fever subsides. Abortive cases will be kept abortive, mild cases made milder, and severe cases will be converted into mild ones.

2. *The Method.*

Taking tympanites as my guide, my

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object was to keep the bowels as free as may be of germs, toxins and fermentation. When I first began the use of the treatment, I gave one dose of castor oil every twenty-four hours. I found that, after giving a dose, tympanites was partially or wholly relieved, but that it usually began to return before time for the next dose. I also found that the typical typhoid odor of the stool, while it was perhaps partially relieved, was never altogether. I then began to give a dose every twelve hours, and found that, in from one to three days, these conditions were entirely removed, the stool was rid of the typhoid odor and was as odorless as that of a healthy man. The presence or absence of the typical odor of the stool became at once another valuable guide in the treatment. These two results: (1) Bowels free from tympanites, and, (2) a stool free from the odor, indicating a satisfactory condition in the canal, can be had by administering a dose of castor oil every twelve hours, but it cannot always be had by less than that.

A dose of castor oil is an indefinite quantity, especially in the treatment of typhoid fever. It varies in different cases, and in different stages and conditions in the same case. It may vary from one to eight drachms. Enough to act in three to five hours should be given, but not so much as to act more than twice. If the patient is seen in the first week, when constipation usually exists, the dose will be two to four drachms, but if in the second or third week, when diarrhea is the rule, one or two drachms will be the proper dose. After one or two doses have been given, it can be easily regulated. During the second and into the third week the dose is about the same, but increases considerably during the last week in bed. In abortive cases the dose is usually larger all through the course of the disease. The taste is very well disguised by giving it in a warm cup with a little boiled sweet milk.

3. *Results.*

The result of the treatment is about as follows: The temperature ranges lower; the tympanites and delirium do not occur, and if they are present they soon subside; diarrhea and dysentery are prevented, or checked if they already exist; the disease runs a milder and shorter course, and the patient does not lose flesh and strength so fast as usually under any other treatment. The last-named result is its greatest advantage over any antiseptic treatment. The explanation is that any antiseptic that is effective enough to prevent or materially retard fermentation and germ life will also prevent or greatly retard digestion. Castor oil does not do this.

The Test of Experience.

Up to the present time I have treated thirty-two cases of typhoid fever with castor oil, and, except in a very few of these cases, in which I gave some other medicine to meet some special symptom, I gave nothing else. In order to be brief, I will report them collectively. Thirteen cases were treated with one dose every twenty-four hours and nineteen cases with a dose every twelve hours. Three of the thirteen cases which were treated with a dose every twenty-four hours, had a temperature above 103° F., delirium and tympanites when treatment was begun. These symptoms subsided in from three to five days. The temperature came down to below 102½° F. in from two to five days. After that they ran the same mild course that the other ten did. With the exception of one case for one day, and of the three cases in the beginning of the treatment, as just mentioned, the entire thirteen cases had a temperature during their entire course ranging below 102½° F. Except as mentioned, of the three cases, delirium nor tympanites never occurred. Their temperature reached normal in from fifteen to twenty-six days from the attack and there did not occur a single complication. Of these thirteen cases four had diarrhea and one had dysentery when the treatment was begun. In each instance these symptoms were entirely absent within four days. Afterwards they continued as the other cases, having one or two actions after each dose of oil.

Of the nineteen cases treated with a dose every twelve hours, there were six cases with delirium, tympanites, and a

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temperature above 103° F. when the treatment was begun. In all of them these symptoms subsided within three days, the temperature coming below 102° F. There were three other cases in which tympanites was prominent, in which it also promptly subsided. After the third day of the treatment, excepting only in fourteen instances, the temperature in the nineteen cases ranged below 102° F. throughout the entire course. It is to be understood that of the fourteen instances referred to, may be one, may be two, may be three would occur in a single case. The temperature reached normal in from twelve to twenty-one days from beginning of the attack. In calculating the duration of the disease, I have not taken the date of taking the bed as the first day of the illness, as is sometimes done, but have, in each case, inquired carefully as to the first day of the malaise, headache, etc., even when there was no knowledge of fever, and calculated from that date.

One of the nineteen cases should have special mention. After a mild course the temperature reached normal on the nineteenth day of illness, and on the twentieth day began to rise again, and ran another course of twenty-three days, in which the temperature went above 102° F. several different times. Free hemorrhages occurred on the thirty-first day of illness and tympanites followed administration of opium and withdrawal of the oil. Tympanites promptly subsided when the oil treatment was resumed. In this case the treatment seemed to fail, the duration of the disease and the hemorrhages considered. Six of these cases had diarrhea when the treatment was begun, which invariably subsided in from one to three days. To sum up the nineteen cases, and leaving out the one specially mentioned, after the third day the temperature ranged below 102° F., tympanites and delirium were absent and the temperature reached normal in from twelve to twenty-one days from the beginning of the attack, making them all abortive or mild cases.

It is true this is too small a number of cases to base positive conclusions on, but it is large enough to commend the treatment as worthy of further investigation.

Typhoid Fever.

By T. H. LINE, M. D.
Marquette, Neb.

The bedside experience of the physician in the treatment of typhoid fever is always in order, no matter how threadbare the subject may have become, because usually considered by most writers from a theoretic standpoint, rather than from the practical. Our patients expect us to cure them, and no matter how plausible a theory may appear, it counts for naught unless it does this. We are all, therefore, interested in a line of treatment that has proven successful in a given number of cases, and gives us a low per cent. of mortality. Climatic conditions and environment may have much to do with our success in the treatment of this disease. Still, by getting the experience of physicians in different localities we obtain ideas in regard to treatment, and are thus better equipped to handle peculiar phases of the disease common in one locality, and yet may not occur in our own practice but once in a lifetime. While it is true that the same causes do not operate to bring on the disease in cities that operate in the country, and that the city patient is not so well equipped physicaly before he contracts the disease as his country cousin, still the underlying cause is the same in both cases. The pure air and more robust constitution of the country patient makes him better and easier to handle than the city patient, who has not had the advantage of breathing pure air and having physical exercise in sufficiency. So we are apt to find them very much debilitated for weeks before the onset of the disease. The result is the destructive products of the bacillus of typhoid are absorbed in greater quantities and sepsis and fever are greater because his vital force is so low that it is unable to eliminate so easily as are the persons who live in a pure atmosphere and are possessors of strong constitutions or high vital force. The vitality or power we are endowed with to throw off and combat disease constitutes the only difference there is in typhoid fever in different localities.

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A person living in a vicious atmosphere will soon have his health undermined, making him a prey to every disease germ that comes along. We cannot understand why so many physicians make the statement that typhoid fever cannot be aborted. If we kill the bacteria that cause it before they have destroyed anything, we certainly cannot have much fever. Or, if the bacillus is destroyed after it has done some damage, we have a case of blood-poisoning (sepsis) only to contend with, and we see no reason why we cannot cut the disease short, the same as diphtheria and other diseases.

Treatment.

The treatment we propose to advocate has been a very successful one in our hands. During the last seven years, out of 200 cases of typhoid we have not had a single death. This is not a great number, it is true, but sufficient to make the treatment worthy of consideration. I go to the bedside of persons sick with typhoid, confident that I will pull them through in a short time—this depending upon how soon I get hold of the patient after he is taken sick. If I get him early, I am very much disappointed if I do not have the fever down to 99° Fahr. in a week, even if it was 104° or above when I started. I do not mean by this that the patient would be well in a week, but simply that he would be free from fever. He is far from well, and is kept in bed not less than a week after this, in fact until all functions of the body are working normally. He is not permitted to work for one or two weeks after this.

When called to see a case early, I invariably put him on the following treatment: I call for three glasses and label them Nos. 1, 2, and 3. In No. 1 I put tr. echinacea, gtts. x; spts. rectif., gtts. v; aqua, q. s. ad ℥j; and give this at one dose. Any amount can be made up that may be necessary to last until the next visit, or for a day or two. In No. 2 I put tr. nux vomic., gtts. j–iij; formaseptol, gtts. xxx (or any other preparation that does not contain more than one-half of 1 per cent. of formaldehyde); aqua, or elix. lactopeptine, q. s. ad ℥j. Give this at one dose. No. 3 will consist of aromatic sulphuric acid, gtts. v–xv; spts. frumenti, gtts. v.; or, many use water, q. s. to make one teaspoonful, sweetened to taste and taken at one dose in a half-glass of pure water.

These three mixtures are each given every three hours—alternately every hour. I give these throughout the whole course of the disease, whether one week or three months. If my case runs into the second week with a high fever, I substitute for Nos. 2 and 3, gtts. v of turpentine, given on sugar or in a gelatine capsule. I generally give this as No. 3, and make two No. 2s, the second one being the same as No. 3. I give these on alternate days; that is, I give the first No. 2 one day, and the second No. 2 or the acid mixture the next day.

There is no question in my mind but that in echinacea we have one of the best eradicators of sepsis from the system, no matter from what cause it originates, and especially in this disease.

Formaldehyde is death to germ life in almost infinitesimal doses, and when used in combination with menthol, eucalyptol, gaultheria, sodium borate, and benzoic acid under the name of formaseptol, it becomes a valuable adjunct to the treatment. Its antiseptic properties make it valuable, not only as a germicide, but also as a preventive of the destructive decomposition of the bacillus; make it impossible for bacteria to live in media with which it is mixed, and in this way prevents the absorption of septic material by destroying it before it is absorbed.

Nux vomica prevents vomiting, and by its tonic action, locally as well as systemically, to the stomach and digestive organs, increases the appetite, and is of great assistance in maintaining a desire for nourishment.

Sulphuric acid is given to equalize the circulation, to cleanse it of impurities, and to prevent hemorrhage from the bowel.

When we are first called to a case of typhoid, we find that various conditions are liable to exist in different cases. For instance, we may find a severe diarrhea with great abdominal tenderness, and perhaps severe colicky pains; or we may

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find constipation, with or without much abdominal pain or tenderness; we may find tympanitis; and some people become delirious upon the slightest elevation of temperature.

The first essential in all cases is a good, firm trained nurse, who will not make herself obnoxious to you, but will be content to do the nursing and leave the treatment to the physician. It is absolutely necessary that your patient be kept quiet and free from all worry. In the case with diarrhea and pain I give sodium salicylate, grs. xv., and morph. sulfate, grs. 1-16 to ¼ (according to amount of pain) every hour as long as they move once in that time. If they do not move once in an hour, I instruct the nurse to give the dose every time the bowels move, until they become solid and move only once in fifteen hours. When the consistence of the stool is satisfactory, I begin giving sulpho-carbolate of soda or zinc in sufficient quantity to produce two good stools each day. Salicylate of sodium is a good antiseptic, and while checking the diarrhea, leaves the intestinal tract in a good condition. The sulpho-carbolates regulate intestinal peristalsis. Morphine combined with sodium salicylate relieves abdominal pain and those pains that occur in the limbs of all typhoid patients, and when so combined does not produce any unpleasant head symptoms that sometimes occur when morphine is used by itself.

Should we find constipation, with a history of its existence some time prior to the onset of the disease, from one-half to an ounce of castor oil is given, followed by calomel in 1-10th gr. doses, and this followed in a day or two by the sulpho-carbolates. This treatment is heroic, and would not be given a patient greatly debilitated or one who has been sick very long. I seldom give anything for delirium, if it exists, expecting it to clear up as soon as elimination is properly established. Unless we have one of those peculiarly-constituted beings who are susceptible to the least elevation of temperature, the treatment outlined here will prevent active delirium unless it exists when we see the case, and then we expect it to discontinue in forty-eight hours under the treatment and proper nursing.

For the fever I use cold sponging of the body almost entirely. I instruct the nurse to sponge the body all over every hour if the fever is 103° Fahr.; if it should run up to 105° or 106°, the wet sponge never leaves the patient's body, over which it is continuously being rubbed. If the temperature drops to 102½°, we sponge every two hours; if 102°, every three or four hours; if under this, once or twice a day, as seems best. The nurse is instructed to bring the temperature down to 102½° Fahr. and keep it there by the use of water, the temperature of which should range from 98 3-5° to 75° Fahr. I would not advise the use of water colder than this, and, in cases where the temperature is nearly normal, I would have the water about the same temperature as the body, and let the sudden cooling of the body from the evaporation of the hot water used on the body be sufficient. Absolute cleanliness in respect to everything is enjoined. In fact it is well to be exceedingly cranky upon this point, lest the nurse and the patient think we do not mean what we say in regard to their hygiene.

The treatment outlined above I follow in every case when I see it early, but often we do not get to see the case until the disease has got a good hold upon the patient. There is no show in these cases to abort the disease, but we can help them to a rapid recovery if managed properly. I have such a case on hand now, that came to me not less than two weeks after the onset, with a temperature of 105°, and almost on the verge of collapse. This case started with a severe diarrhea, which was checked by subnitrate of bismuth, but the stools continued watery and very foul, the breath being little better. There was tympanitis and severe abdominal pain. This patient was put upon Nos. 1 and 2, and for No. 3 I substituted oil of turpentine in gtt. v doses. No. 2 and No. 3 I alternated every other day; that is, I gave No. 2 one day and the next No. 3, discontinuing No. 2 for that day. Sulpho-carbo-

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late of zinc was given to regulate the bowels. This constituted the treatment up to the present time. Four days after treatment was begun, we had the satisfaction of having the discharges and breath in such a condition as to be free from all uncommon and disagreeable odors, and to see the temperature drop to 101°. Upon the tenth day from the time I began treatment the temperature was normal nearly all day, and did not reach 100° Fahr. This patient was of the sleepless kind. For this I gave grs. v of trional every four hours if needed. This is the first time I have used this drug in typhoid, and for this condition (if results in this case are any criterion to go by) it is very valuable.

I had never before given a typhoid patient beer, but this one had a craving for it until her appetite returned, so I left her drink a quart bottle in twenty-four hours, with good results.

I do not trouble to force nourishment upon a patient the first five or seven days unless extreme debility demands it. I believe it is best to let the patients have their way about taking food unless debility indicates it, and then I believe they do better on strychnine and whiskey, because, as a rule, the digestive organs perform their function so poorly that the food necessary to nourish the patient sufficiently is either not properly prepared for assimilation, or decomposes and acts as an intestinal irritant. Occasionally it is necessary to feed quite freely before the fever will disappear. Sometimes the fever takes a sudden drop of a few degrees in a few hours, and chilliness or a chill comes on, which indicates dry hot applications, whiskey, aromat. spts. ammonia, strychnia, and the like. This is not to be mistaken for the chill of sepsis, for it is not. I have seen the temperature drop two degrees in an hour and remain down, thus bringing convalescence closer.

Frequently I come across a case in which the fever is high and does not respond to cold sponging as it should; it does well on the following prescription: ℞—Antipyrine, grs. jss; phenacetine, grs. ij; quinine sulph., grs. j; pulv. ginger, grs. ij; pulv. capsicum, grs. ss; caffein cit., gr. 1-5th. M. Ft. caps. No. 1. Sig.—One every four hours, if not contraindicated.

The writer has the utmost confidence in this treatment, and believes he can check any case of typhoid inside of a week if he gets it early, and has at his disposal the service of a trained nurse who works in his interest in everything she does. The fever drops from the very first day, and continues to drop a little each day until it has reached normal, unless there is some bungling nursing. Too much attention cannot be given to hygiene and the sanitary condition of the patient's surroundings. Bodily cleanliness, external and internal, as well as everything in any way connected with the patient, is essential. A daily change of bedding and clothing is necessary.

The disease generally terminates without sequelæ, but it would be unreasonable to expect as good and rapid recovery in a consumptive or a person weakened by some other wasting disease as in one who has been in robust health. In fact the treatment cuts short the disease, saves the patient's strength, so that we do not have the extreme emaciation and debility that many of us have a memory of having seen in times past. While this treatment has been a success in my hands up to this time, still you must remember that I am living in a healthy State, and that my patients are not subjected to the deleterious gases emanating from the soil of many localities. As physicians we must always remember that no routine practice is successful unless it is well diluted with brains. We must use them freely in order to be successful and beloved by our patrons. Should this short article help some flounderer out of the mire, we shall feel amply paid for the time we have given to it.

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The Pathology, Complications, and Prophylaxis of Latent Gonococci.

By G. W. OVERALL, M. D.
Chicago, Ill.

Prior to the discovery of Neisser, in 1879, of the gonococcus, the medical profession were very much puzzled as to the cause, *tenacity*, and sequels of gonorrhea. Like most great discoveries, that of Neisser was no exception to the general rule, and was met with strenuous opposition until confirmed by the investigations of Bumm, Baumgarten, Finger, and many others in rapid succession.

The gonococci, in common with most of the other micrococci, are anærobic, and thrive only in a neutral or alkaline medium. They feebly resist an acid medium, and in such have an ephemeral existence. Paradoxic as it may appear, from the tenacious manner with which this microbe clings to its victim, it is a delicate germ, and readily succumbs to the effects of many germicidal agents when brought in direct contact with them.

The gonococci are first implanted, fostered, and propagated at or near the meatus in a medium and locality most favorable for their development. They multiply very rapidly, work their way along the urethra, and, in spite of all measures to prevent, to the prostatic ducts and follicles. The orifices of these ducts being open gateways, though their walls are in apposition, offer no resistance to the passage of these germs into the channels of the prostate and ejaculatory ducts, where they become hidden within the follicles of the gland, and are thereby protected from destructive agents as applied by the usual methods. The course is also an open one to the seminal vesicles and vasa deferentia, to which they occasionally gain access.

The cylindrical epithelium of the urethral mucosa is the normal abode of the gonococci. Here they remain active and aggressive, but, after leaving this, their indigenous soil, for that of the prostate and vesicles, they become lethargic, and do not wander very far upon alien ground. Hence they usually pass no further than the interior of the prostate. The authoritative estimate of the proportion of all gonorrheal cases, where the germs invade the prostatic ducts and follicles, is placed at from 75 to 85 per cent.; those that invade the vesicles, at 20 to 30 per cent.; and the vasa deferentia, from 10 to 15 per cent. This is about the proportion demonstrated by the writer's clinical experience, though the late fad of stripping the vesicles would place gonococcal invasion of them at a much higher ratio.

The columnar epithelium of the mucosa within the prostate, being in closer anatomic relation to that of the urethra, serves to perpetuate the lives of these germs better and longer than other mucous surfaces, though they do not propagate therein. The mild alkaline reaction of the prostatic secretion also ministers to the maintenance of their lives.

Clinical results following the treatment of the prostate, together with the frequent examinations of the prostatic expressions, have convinced me that the prostate is the chief abode of latent gonococci. I have traced, in numerous instances, the origin of remote arthritic and neuralgic pains indirectly to the prostate, by destroying the hidden germs within the gland, which were the *fons et origo malorum*, and which was evidenced by the immediate disappearance of all symptoms. The destruction of the gonococci within the prostate having suppressed the generation of the toxins, the poisons being no longer carried through the lymph- and blood-channels to the tissues, all pain would disappear, and recovery would be rapid. On the contrary, were it probable that the gonococci had lodged and remained alive within the joints and other tissues, instead of their toxins, local treatment of the prostate would not relieve the condition, and it would be impossible to do so where polyarthritis existed.

Serous and synovial membranes and nerves are especially marked for the morbific effects of the toxins of gonococci. The pathologic changes that occur as denouements of the toxins, in the joints and serous cavities, produce conditions favorable for the development of diplococci or streptococci that closely simulate

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gonococci, which have given credence to the extensive migration of the latter.

Owing to the tenacious sequels of gonorrheal infection, and the metastasis resulting therefrom, it is the opinion of many physicians, that when one once has the disease it is never entirely eradicated, and that it is attended with greater fatality than syphilis.

Prostatic expressions have shown gonococci to be present in the fluid thus forced out for many years after complete subsidence of all gonorrheal symptoms. Some writers have discovered latent gonococci in the gland as long as sixteen years after an attack.

Authorities differ upon the subject as to whether the latent cocci themselves penetrate cellular tissue and the tunics of blood- and lymph-vessels, or that they remain dormant within the prostate, secreting toxins which are absorbed by these vessels and carried to various parts of the body, effecting metastasis. Clinic, pathologic, and microscopic investigations have convinced me that both views are correct; but the metastatic pathogenesis is more frequently the result of the toxins, and the germs only enter the circulation when there is an abrasion of tissue within the gland. But should the cocci enter the blood current, phagocytosis would be the most probable result, and they could scarcely escape destruction. Moreover, it is an indisputable fact that gonococci cannot live except within a mucous surface, and, should it be possible for them to escape the destructive agents before mentioned, in their transit along the blood-currents, it would seem impossible that they could remain alive sufficiently long outside of a mucous surface to effect metastatic pathogenesis, except by poisons resulting from their death and decay.

The past decade has been prolific of much research as to the habits, life, and pathogenesis of these germs, which has been the means of revealing obscure diagnoses in many instances, and especially since the discovery of their hiding-place in the prostate. Furthermore, these germs may remain dormant, secreting toxins that penetrate and provoke an inflamed prostate, but do not effect metastasis for a long period, yet cause various reflex neurotic disturbances.

When the gonococci have entered the prostate, they begin the secretion of toxins, which at first cause subacute, then chronic inflammation of the follicles and ducts, and subsequently parenchymatous affection of the entire gland, the result of which maintains a constant muco-purulent discharge that is poured out upon the floor of the prostatic urethra. This secretion must necessarily pass along the canal towards the meatus. The discharge may be so slight as to appear only as the "morning drop," or it may become desiccated by the warmth of the urethra, and noted only by the gluing together of the lips of the meatus in the morning, or it may even escape observation entirely. This discharge may be designated gleet, and its source has been the subject of much diversity of opinion among genito-urinary specialists, as a result of which the urethra has suffered the burden of experimentation by way of injections caustic applications, and operations, when 85 per cent. of cases thus affected originate in the prostate or vesicles.

The prostate is in intimate reciprocal relation with the cerebro-spinal centers, and melancholia, impaired memory, and impotency are common sequels of disease of the gland, and, too, often when there are no subjective symptoms directing attention to it.

Impotency is one of the first manifest indications of disease of the prostate, and the practice of giving aphrodisiacs to excite the diseased gland is a pernicious one. I dwell upon these points at some length because the question is an important one, and one that is presented almost daily in regard to obscure chronic diseases.

The means I have adopted for reaching and destroying the latent cocci within the prostate or vesicles are by interstitial electrolysis, cataphoresis, and electrodynamics.

I shall first describe briefly the instruments I have devised for effecting the purpose.

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Figures 2 and 3 illustrate instruments constructed for reaching the interior of the gland through the prostatic urethra. The central parts of the instruments are metallic, and insulated throughout their length, except at the curved extremities (as shown) and the point to which the

Fig. 2.

cord is attached. A rubber bulb is fitted over the hollow end. The exposed part of the metal at the end is perforated, so that when the instrument is immersed in any liquid and the bulb pressed, then relaxed, it partially fills. When the bulb is again pressed, the medicine is forced out in jets through the small openings, as illustrated. No. 3 is used to apply the remedies to the prostatic urethra and neck of the bladder; but, as the greatest trouble exists upon the floor of the urethra, and within the ejaculatory and prostatic ducts and the gland, instrument No. 2 is used, as shown by reference to Fig. 4.

The instruments are so constructed as to meet all indications for applying remedial agents directly to the diseased area. As the metal part (Fig. 4) is in apposition to the floor of the prostatic urethra, the full influence of the current and medicine, for whatever purpose used, is concentrated upon that portion of the gland tunneled

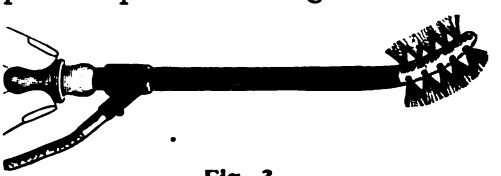

Fig. 3.

by the ejaculatory and prostatic ducts, the parts that are always affected. The strength of the current, therefore, as well as the remedy, when used for cataphoresis and interstitial electrolysis, should be very mild.

For topic applications, the alcohol contained in the tinctures is too irritating, so I always use aqueous extracts. For cataphoresis I prefer, in most instances, organic preparations to those of inorganic, as the latter are more readily decomposed, do not penetrate the tissues, as do the organic, by electric-osmosis, and produce interstitial electrolysis, and their germicidal effects upon the micro-organisms.

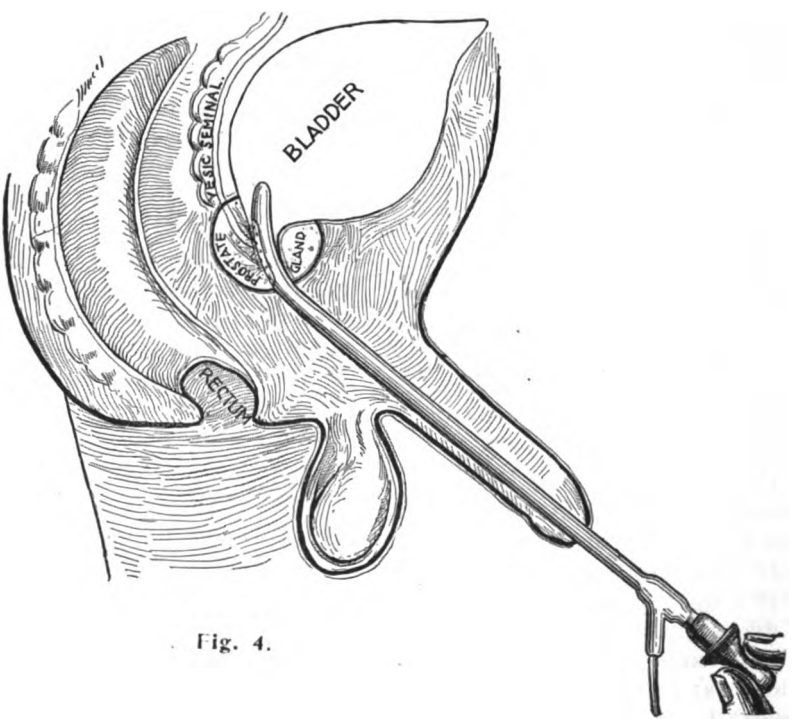

Fig. 4.

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For anodal cataphoresis, a non-oxidizable electrode should always be used, or the electro-negative elements will combine with it and form new compounds, which may be very irritating or wholly inert. An oxidizable electrode may be used in some instances with advantage to effect metallic cataphoresis, when the result of such combinations and its properties are known. As, for instance, the anodal use of a copper electrode results in the formation of dioxide of copper, which is of marked benefit in some cases. Should, on the other hand, a brass electrode be similarly used, a double combination would result in the formation of chloride of zinc, and would be very painful. It must be remembered, however, that the properties of the currents and remedies as used are limited to the exposed metal end, and within the area of a few inches therefrom, dependent upon the strength of current used.

The treatment is also applied in a similar way, through the rectum, to the prostate and vesicles, as shown by Fig. 5.

At the lower extremity of the rectal electrode (Fig. 5), there is shown an attachment for an electric cord, and also a funnel-shaped cup in which medicines are introduced and forced out through the perforations in the metal at the upper and inner extremity of the electrode, opposite the prostate or vesicles, where the electric current is also concentrated, as the other portions of the instrument are insulated.

The two channels, the urethra and rectum, must be maintained in a favorable condition for the reception of the treatment, which is not wholly void of a local irritating effect when these channels are tender or inflamed.

The lethal effect of the currents upon bacteria is not due alone to electrolysis or cataphoresis, as experiments upon certain infusoria have proven.

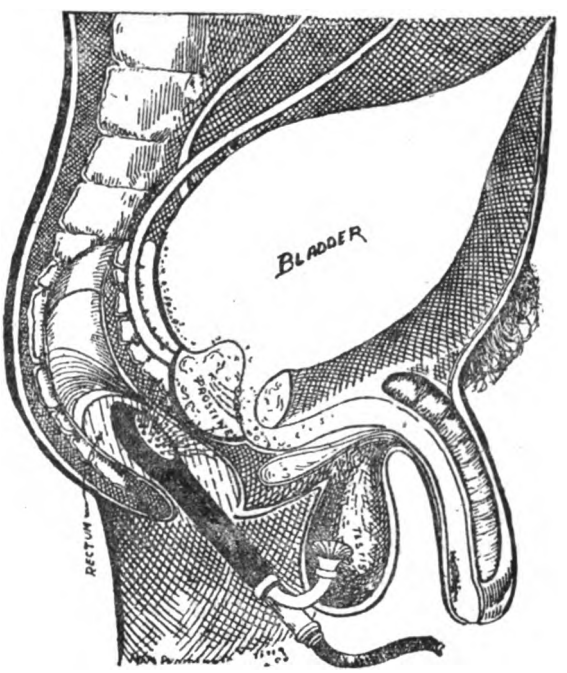

Fig. 5.

Fig. 6 illustrates a very interesting and edifying experiment made upon hay infusoria, with the different electric currents. Two glass slides are separated two centimeters by means of soft-rubber around the edges and ends. On the inside of the rubber at each end non-oxidizable pieces of metal are so arranged that cord-tips (+,—) are attached thereto. The space between the slides is filled with a solution containing the infusoria.

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My first experiment was to transmit a mild galvanic current through the fluid, when the germs would immediately pass from the positive (+) to the negative (—) pole. The current was then suddenly reversed, when the germs would at once turn and move to the opposite pole. A strong current would cause them to move more rapidly. On breaking the circuit, they would be slowly diffused through the fluid again. After a few experiments of reversing the cur-

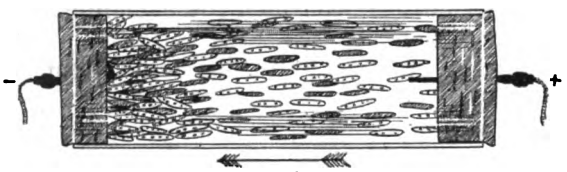

Fig. 6.

rents, of from one to three minutes' duration, the germs became very sluggish. (W. Biederman, in his book on "Electro-Physiology," gives a somewhat similar experiment, but with the galvanic current alone.)

The sinusoidal current was then tried upon a fresh supply of infusoria, when they would undergo very rapid oscillations, but would not move towards either pole. The oscillations of the germs were evidently due to the effect of magnetizing and demagnetizing of them by the rapid alternations of the current. The circuit was allowed to remain closed for five minutes, when many of the germs became inactive, and the others sluggish. The circuit was then closed for ten minutes, when more than half of the infusoria were non-motile.

The primary and the secondary faradic currents were tried successively upon fresh supplies of the same fluid. The result was that little or no effect upon the germs was produced until the current was used too strong to be safe or harmless if applied to the individual.

Clinically, I have found the sinusoidal current exceptionally beneficial in gonorrheal vesiculitis, when applied, with from ten to fifteen thousand ohms resistance, through the rectum. The influence of the galvanic current is best exerted through the prostatic urethra, after the subsidence of all acute symptoms, and should not be used before.

Disorders of the Sexual Function in Man.

By A. H. P. LEUF, M. D.
Philadelphia.

[TWENTY-SECOND PAPER.]

Causes of Organic Stricture.

Before going into the treatment of organic urethral stricture, it is well to again consider, but in mere outline, its modes of origin and general behavior.

Organic urethral stricture is a narrowing of the urethra by means of local hyperplasia, adventitious tissue, cell proliferation, and subsequent organization, to scar formation and ultimate contraction. It is mostly due to urethritis of venereal origin, though by no means thus limited. It may be due to injuries, in which event it is usually found at the triangular ligament, the part most likely to be affected by injury. This is also the least likely of any kind of stricture to respond to dilation, because due entirely to scar tissue, whereas other forms are caused by more readily removable new tissue deposits. Congenital narrowing of the meatus is of most import when it is necessary to pass through it to the urethra instruments to fill a larger canal beyond, as in the use of sounds to dilate strictures of larger caliber than the meatus. At times, however, it gives rise to reflex bladder and other neurotic manifestations.

Organic stricture is sometimes due to a ruptured chordee. A peculiar accident happened to a patient of mine, that one would think impossible, but stupid people set many a rule at naught. It was so with him. He had chordee. I told him, as I had many others before and since, to bend his penis at night and keep it between his thighs, especially if he awoke with priapism and accompanying chordee. Judge of my surprise when he returned with a trauma of the urethra due to vigorous attempts the preceding night to "break" his chordee by efforts at bending the penis up, thus forcibly stretching the tender urethra, instead of relaxing it by bending the penis down. Of course, this was the foundation of a subsequent stricture.

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Instrumentation may cause stricture, both by injury and local irritation. I have on hand now a case of traumatic stricture due to forcibly striking the fixed urethra (membrano-prostatic portion) against the nose of a bicycle saddle in riding rather quickly over a very irregular pavement and projecting railroad tracks. The rider was thrown up, he says, at least eight inches off his saddle, losing his pedals, and returning upon its nose with his full weight. The pain was severe at the time, but no longer noticeable the next day. However, in the course of several months, a traumatic stricture made itself evident. Thus the existence of organic urethral stricture is by no means a surety of a precedent gonorrhea.

Strong injections may do sufficient local injury to cause the formation of a stricture. So may even a mild injection during a very acute urethritis when the urethra is extremely sensitive. Thus is counterprescribing often productive of stricture, positively by the use of too strong or untimely injections, and negatively by debarring the patient from proper treatment. There are also the many predisposing causes, such as tendencies to connective tissue formations, and the dyscrasiæ, syphilis, alcoholism, rheumatism, lithemia, etc.

Strictures are largely perpetuated by the irritation of urine passing over the narrowed portion of the canal, causing increased pathologic changes, even in congenital narrowing if this is marked or the urine is exceptionally irritating.

Varieties and Locations.

Strictures may be short, long, or tortuous, and may be of large or small caliber. There may be only one or two or more may coexist, and be of different caliber, length, and formation.

The most frequent site is in the ends of the pendulous urethra, *i. e.*, near the meatus and bulb.

After-effects.

Narrowing of the canal from organic stricture causes damming back of urine, and consequent urethral pressure and distention posterior to the site of stricture, with corresponding lessened tension anterior to the constriction. The damming back may extend into the bladder, ureters, and even kidneys, causing dilation from overdistention, and hypertrophy from efforts to overcome it. There are also sometimes similar secondary dilations of the various ducts opening into the urethra, to which is often added new tissue infiltration.

The less-protected parts of the vesical walls may bulge from back pressure, thus forming saculi.

Urinary calculi are apt to form wherever there is stagnant urine, as in these saculi and back of urethral strictures, by the gradual formation, precipitation, and accumulation of crystaline and amorphous compounds, thus increasing the difficulty, and adding to the fermentation, decomposition, and other chemic irritation, that of a foreign body. All these conditions are dependent upon the severity of the original trouble, the sensitiveness of the parts, and the duration of the disease.

Surgical Kidney.

A dilated and inflamed kidney due to damming back of urine from a severe urethral stricture is called a "surgical kidney." It is a chronic condition that inevitably shortens life.

Symptoms.

The symptoms of organic urethral stricture are briefly, dribbling after urination. Also frequent micturition due to irritable vesical neck from local congestion due to retained and decomposed urine. Sometimes it is reflex, as when the stricture is near the meatus. The urinary stream may be divided, fan-shaped (with large meatus), have a corkscrew twist, a rifled twist, though sometimes normal when the meatus is smaller than the narrowed part of the canal.

Severer cases present straining at micturition, the belly muscles aiding the bladder in the extrusion of urine. The strain is sufficient in some cases to cause venous stasis and turgescence of the pelvic floor, piles, prostatic congestion, and even rectal prolapse. Urination may

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become so difficult as to occur only in drops, and require a long and active effort to empty the bladder.

A stricture may be so close as to modify seminal ejaculation, causing either retardation, incompleteness, or back flow into the bladder, the latter sometimes becoming the habit and thus, necessarily, causing male sterility.

Reflex conditions or neuroses are frequent sequences of organic stricture. These may consist of impotence, vesical atony, spermatic neuralgia, backache, other pains, and adverse modifications of disposition, being more especially productive of irritability.

Diagnosis.

The positive diagnosis of organic urethral stricture is made by suitable instruments, of which there are many, some objectionable and others not, though in varying degrees according to circumstances.

A soft catheter will usually pass more readily than an unyielding instrument of the same size, for self-evident reasons. Bougies are an ideal means of locating and measuring strictures, but are not practicable when the meatus is narrower than the normal canal. Under such circumstances a urethrometer must be used. In fact, it is better to use one, whenever possible, in preference to bougies, for the reason that every stricture can be measured in extent and caliber by a single instrumentation. The instrument is introduced closed, after which it is spread, by means of a milled head screw at the handle, until it fills the canal. Then it is pushed down and further expanded or contracted, as is found necessary in its passage along the canal of changing caliber. The amount of change is seen upon a dial at the handle. This is noted, together with the part of the canal in which it occurs, an accurate record thus being readily and quickly obtained of the topography of the entire canal by a single instrumentation. The expanding end of the instrument should always be covered with a thin piece of rubber tubing to prevent folds of the urethral mucosa from falling in between the ribs of the instrument when it is closed, or, at least, narrowed, previous to withdrawal.

Without this instrument, if the meatus is too small, it should be enlarged by downward section. A meatome or a probe-pointed bistoury may be used for this purpose after cocainization. It is better to use soft-rubber bougies in preference to metal ones.

Another advantage of the urethrotome is that it will measure strictures of large caliber back of a smaller one.

Curability.

Organic stricture is, as a rule, not permanently curable by the old methods, the most satisfactory cases requiring continued attention and the occasional use of a dilating sound. The older methods consist in dilation by sounds and section, especially of the membranous and prostatic portions. Those of the pendulous portion have been cured, and are more amenable to forcible treatment because of the elasticity of this part of the canal. Nearly all cases are, however, curable by correct galvanism, and this means the use of the right pole, a current of proper strength, a correctly-timed sitting, and the use of only suitably-made electrodes.

Treatment.

All local treatment should be preceded by careful antisepsis of the canal, for an aseptic instrument is no protection against a septic urethra. Instrumentation for the relief of stricture should, therefore, be preceded by irrigation of the canal, say with a 1-10,000 to 15,000 bichloride or a strong (saturated) boric acid solution.

It is also requisite to get the patient in the healthiest possible condition and keep him so. Poor general health is often the foundation of post-operative complications as well as of previous local exacerbations. The habits should be good, exercises moderate, feeding temperate, and rest ample. Cleanliness and sexual rest are very desirable.

Strictures of the anterior two or three inches of the urethra are less amenable to dilation than those further back. The

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deep urethra presents many dangers to urethrotomy that do not exist nearer the meatus. Thus, there is greater probability of hemorrhage and troublesome inflammatory exudates, and of reflex disturbances. Surgical treatment of the urethra should only be undertaken after exhausting all other means of relief or cure, and in sudden emergencies, as in urinary retention, when even external urethrotomy may be needed.

The various modes of instrumental relief from, or cure of, stricture are dilation with sounds, divulsion with an instrument having separable blades, cutting from within the urethra (internal urethrotomy), and cutting from without (external urethrotomy). Of the last named I shall have nothing to say except that while it is rather a simple procedure with a guide in the urethra, even though it be only a filiform bougie, it becomes exceedingly difficult if attempted without this aid. It must not be forgotten that when the urethra cannot be found, it is safer to enter the bladder above the pubes and pass a catheter from within out, a stricture being sometimes passable this way though otherwise impenetrable. In doing an external urethrotomy, the golden rule never to deviate from the median line should be rigidly observed, for while no harm can come from section then, very important structures lie close upon either side of it that one cannot afford to sever.

Dilation (Sounds).

Strictures may be dilated by means of soft and hard sounds or bougies, either rubber or steel. Soft rubber had better be used in strictures of fifteen or sixteen French caliber and under, and steel sounds in larger ones.

There are elastic strictures that admit a full-sized instrument and spring back to their original caliber after its withdrawal. These can never be cured by dilation or divulsion. They must be cut, or absorbed electrically.

Instruments should be well lubricated before use, and should have a smooth surface so as not to cut or irritate the tender mucosa. They should also be warmed, as the local chill from a cold implement is likely to cause urethral spasm. And they should be introduced slowly and gently.

Frequency of use of dilating instruments is dependent upon local conditions, and is regulated by the needs of the case and the tolerance of the urethra. Once every three to five days is a proper interval to begin with, the frequency diminishing with improvement.

Cocaine may be used in very sensitive cases, usually in the strength of 1 per cent., though this may have to be increased to 3 or even 4 per cent. in some cases, but should never go beyond this. But cocainization of the urethra should be avoided as much as possible because of the added danger of doing damage to an insensitive canal. The enjoinment against the use of force applies especially to an anesthetized urethra.

Not more than three sounds at most should be used at one sitting, and not more than one if it is much felt, particularly the first time. Undue haste, impatience, or roughness may light up secondary inflammatory complications, as cystitis, epididymitis, prostatitis, and urethritis. Recollect that dilation with sounds causes forcible distention of the urethral walls, and friction of its mucosa. The ensuing pressure tends to aid absorption of the exudate. The effects of one dilation must be recovered from before it is followed by another.

2353 N. 17th St.

(To be concluded in the next issue.)

[This series of articles by Dr. Leuf has extensively and practically treated of the normal sexual function and its various defects and disabilities. Our readers have given many expressions of appreciation of the work. It will finally be concluded in our next issue.—Ed.]

Many interesting subjects will be treated in our next number, among which we mention the following:

PROGNOSIS.

SCARLET FEVER—WITH OBSERVATIONS ON THE EPIDEMIC OF 1901-2, by W. P. Bradley, M. D., Palo Pinto, Mo.

TREATMENT OF FRACTURED THIGH (illustrated) by H. D. Senior, M. B., F. R. C. S. (Eng.), Philadelphia.

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Communications.

Persistent Priapism, Even After Death.

TO THE MEDICAL COUNCIL:

By your permission I would like to relate the following case:

On Christmas Day, 1885, Mr. J. D. C. came to Mr. A.'s, whose wife I was attending in confinement. I had delivered the former's wife of her first child fourteen days previously. Mr. C. called me to the gate, and told me that he had been contending with the most uncompromising "erections," since midnight of the previous night, that he had ever had, or heard of. As Mr. A.'s wife was in the second stage of labor, and was making demands on my time, I took him (Mr. C.) off to a branch near by, and injected about ʒss of sulphate of quinine in about a half-pint of water—cold as ice—into his rectum, suspectlng that pinworms might be the cause of the erection. A man often has to "shoot at the nest" when he prescribes for a patient under the circumstances in which I was placed. He sent for me about midnight the following night, and said that the erection gave way partially after the injection, and that he believed it would have yielded had he not got on his horse to ride home, as he had not ridden more than a quarter way before the erection was as stubborn as ever. When I reached him, I met one of the most inexorable cases of priapism that I have ever seen. The organ was almost as hard as steel. As I had been in practice but one year, it was perfectly natural for me to "send for a doctor." Dr. M., who had practiced forty-five years, was sent for, and when he arrived we gave everything the "old man" could think of to coax that erection down, "yet, beautiful and bright, he *stood*." We bled him copiously, laid ice-bags over the privates, anesthetized him with chloroform, and yet, like Banquo's ghost, that organ "would not down." We sent for another doctor, and still others as the days wore away, and we did everything we could think of to "bluff" that organ down, but to no purpose. Several doctors remained three or four days with him, but as we had about exhausted the *materia medica*, as well as ourselves, many of the doctors "smote their breasts, and returned." As the poor fellow had gone to school to me in his boyhood, he pleaded with me to remain with him. I did so, now and then sending for "help." Nothing we did seemed to have any effect on the erection. After the first few days, he begged to be "kept asleep" on chloroform, and, as the case seemed hopeless, his request was granted. He died on the fourteenth day of his trouble. As the last breath left that poor fellow, that unrelenting erection "lighted its torch at Nature's funeral-pile," and seemed to want to dictate to those who washed and dressed the poor fellow! I returned in twenty-four hours to accompany my friend's remains to the grave. Those who dressed him strapped down the organ. I untied the bandage, and one of the most exaggerated erections confronted me that it has ever been my lot to witness. Yes, sirs, that erection was still on hand, twenty-four hours after its victim was dead. I thought I had seen tolerably strong erections before, but this was "grand, gloomy, and peculiar!" Had I not known the many virtues of my unfortunate young friend and former pupil, I might have looked upon this case as being one of "the survival of the fittest." What was the matter with the poor fellow? What should we have done for him?

A. C. GORE, M. D.

Hohenlinden, Miss.

Vicarious Menstruation.

TO THE MEDICAL COUNCIL:

In looking over my 1899 COUNCILS I found an article by Dr. Edson, of Brooklyn, on "Vicarious Menstruation," which was very interesting, giving an account of a case of his own, also quoting a statement made by an eminent English physician to the effect that "Vicarious Menstruation" is an exploded idea. In support of Dr. Edson, I will detail a case

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of my own which, if not vicarious menstruation, what was it?

Mrs. L., æt. 43, commenced menstruating at 12 to 14. No children. German descent. Had been ailing several years with what some "patent" doctors told her was Bright's disease. Came to me eighteen months ago. I found slight trace of albumen, but no great indications of Bright's disease, but the peculiar part was that she had had an ulcer just below the knee for a year or more, which would discharge black, muco-purulent matter at regular intervals of four weeks, coincident with her menstrual period. When her period would come on, she would be miserable until this discharge would appear. Sometimes it would appear as nose-bleed and other times the same matter would be discharged by bowels, and as soon as this occured she would get over the "stuffy" feeling, the swelling would go out of her ankles and face. I put her on what I thought proper treatment and discharged her four months later a new woman, with the exception, that she had ceased menstruating. Was called to see her about six months later, found her with swollen breast (right), which I lanced, expecting pus, but got only a small amount of black, bloody matter, which resembled her menstrual discharge. She had a slight monthly period at the time, but none since, and she is well and hearty. Will say I finally got pus, pure and simple, out of breast. She gave me a history of its being bruised, but it happened coincident with return of menses and discharged same as before. Sometimes she would menstruate every two weeks, at which time these same symptoms would occur.

C. W. TEDROWE, M. D.

Tyron, Okla.

Oil as a Preventive of Appendicitis.

TO THE MEDICAL COUNCIL:

I have for some time cherished an idea, a theory, in regard to the appendicitis fad that now rages throughout the land. I think a great many of the operations are unnecessary and uncalled for, but surgery rules the day now, and for a season at least its mandate will be acquiesced in. My observation, based on a practice of twenty-two years, north and south, among natives and foreigners and negroes, is this, that the free use of oils as medicine and as food, as a necessity and as a luxury, is, in a large measure and to a great extent, inhibitory of bowel diseases, and of the disease specially known as appendicitis. Look at the negroes. Their particular medicine for great and small, grown folks and children, is castor oil and turpentine. It is difficult to find a combination more general or widespread in its application. Do you hear much of appendicitis among negroes? I do not. I have known them as slaves, freedmen, and freemen. A very healthy class of people, as a rule, where they do not ape the white man too closely. Foreigners—particularly Italians, Spaniards, and others who use oils, onions and garlic as foods, but salad oil in particular—do you know of any appendicitis in them? I do not to any great extent. I believe the free use of oil as a medicine and as a food to be a means of prevention in this class of cases.

WM. T. HAMILTON, M. D.

Mobile, Ala.

Query.

TO THE MEDICAL COUNCIL:

Noticing the article, "Disadvantages of Copper Sulphate in Diseases of Conjunctiva and Cornea," in the August number, page 297, recommending for *trachoma* to "frequently irrigate with a weak solution of bichloride in normal salt," I was in doubt about two points. Would you, therefore, please give me the strength or proportion of the bichloride solution and normal salt, and oblige a constant reader of your much appreciated journal? W. NEWLON MILLER, M. D.

Pittsburg, Pa.

[A proper proportion would be of the strength of 1–8,000 or 1–10,000 in normal salt solution. This latter consists of 6-10 of 1 per cent. of common salt (sodium chloride) in distilled water. Salt tablets

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are now made by manufacturing firms, three to a quart of boiling water being the usual proportion. But instructions come with the tablets.—Ed.

Post-Rheumatic Affliction.

To The Medical Council:

Please help me on this case. H. W., white, male, married, age 38, occupation steam engineer in mine and mine-work generally. Was in railroad-train service eight to ten years. About eight years ago had typhoid, severe attack, followed by pains in thigh and calf muscles, gradually increasing until couldn't walk. After several months spent at some hot springs in Wyoming, recovered, and no further effects until about two years ago. Was working in a metal mine in Central New Mexico. Had to stand in cold water ankle deep. In about sixty days developed rheumatism in left wrist, relieved by blistering with kerosene. Two weeks later right metatarsal-phalangeal joints became feverish, red, swollen, and painful, particularly joint of great toe. Ball of foot very painful on pressure. Trouble has increased slowly and steadily ever since.

Patient has consulted several doctors. Been treated with tonics, alteratives, salicylates, salol, colchicum, counter irritants; no relief. Two months and a half ago went to Gila Hot Springs for six weeks. I never saw an analysis of the water, but from patient's story of its effect on him, judge it has arsenic in it. He returned worse than ever, and consulted me. Thought likely he was going to die, but wanted me to relieve the pain if I could. Examination showed pain through thorax from scapular region to front of body, so severe as to prevent drawing long breath. Couldn't lie down and sleep over fifteen minutes without changing position to ease pain. Appetite poor, bowels irregular, urine scanty and high colored (about 1½ pints in twenty-four hours). Perspiration scanty, even on hot days. When first went to taking hot vapor, perspiration smelled so badly it nauseated him. I asked him what it smelled like, and he said, "Like h—ll," but after ten days of bathing odor ceased. Pulse, 84; temperature, 99 3-5°; tongue flabby, tooth-printed, whitish-yellow coat, some bad taste; heart somewhat hypertrophied, rasping, rough note in second sound (I couldn't quite locate where the roughness was); lungs apparently sound; liver normal; urine sp. gr., 1025, 1028; alkaline, light straw-color; sediment, whitish and flocculent; no albumen. Moore's test seemed to show a trace of sugar, but won't be sure of it until I get some Fehlings to test again with; no pain on pressure all along spine. Skin clear, but not healthy in appearance. Pupils react normally to light. Right foot shows some deformity of metatarso-phalangeal joints. Ball of foot very tender. Tendons and sheaths somewhat thickened over joints.

Treatment.

Tablets:

(1) Arsenic iodide . . . . . 1/100 gr.
Iron iodide . . . . . ½ gr.
Mercury iodide, red . . . . . 1/24 gr.
Sig. One after meals and at bedtime.

Tablets:

(2) Infus. buchu . . . . . 120 ♏
Tr. hyoscyamus . . . . . 20 ♏
Potass. bicarb. . . . . 6 gr.
Sig. One every four hours.

After a few days had to cut the iodide tablets down to two a day, as they worked bowels too hard.

After two weeks' treatment, patient is free from pain above waist, and is passing a little over three pints urine. Eats better, and can sleep an hour without moving to easier position, but feet are no better.

Please tell me what you think of the case, the treatment, and how to better it. The altitude is six thousand feet, and this is the rainy season now. Please write me yourself and if possible lay this before the Council readers so all can help.

Sincerely, Medicus.

Mogallon, N. M.

[This seems to us clearly to be a case of post-rheumatic pathologic changes requiring alterative and bracing treatment. The use of the mixed iodides is proper, as is also, at least was, the diu-

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retic mixture, though we believe it is better to substitute the potassium bicarbonate by benzoic acid. Many post-rheumatic conditions with pale, flabby, teeth-indented tongue, bad breath, alkaline urine, and painful portions of the body, are attributable to too long-continued use of rheumatic medication, over-alkalinization of the urine. Many of these cases improve rapidly by undoing a little of this excessive treatment. We advise the continuance of the iodides, giving the mercury, however, in only 1-3 the dose, that is, about 1-72 of a gr., and using benzoic acid in sufficient amount, say 10 grs. four times a day, to restore the normal acidity of the urine. If there is any urinary decomposition or vesical irritability, it would be well to use small doses of urotropin, which acts as a splendid disinfectant by liberation of its contained formaldehyde. At the same time, we should give him some nux vomica, say from ¼ to ½ gr. three times daily, watching, however, for its physiologic effects, and reducing the dose upon their appearance.

Locally, heat, massage, and electricity promise the best results, together with avoidance of undue strain of the parts. Recollect that the strain upon the ball of the foot in walking is something enormous, amounting to hundreds of pounds when the body-weight is carried around upon this region. We think dry local heat the best. It is most conveniently and effectively applied by putting the foot in hot sand or gravel. Mild galvanism, high tension induction currents from the faradic battery, or positive sparks from the static machine, are the electric methods of treatment, care being exercised in all to avoid excess. The best results are achieved from mild currents long continued.

It is almost needless to add, that local or general anodynes should be used, if necessary, until the other treatment has become sufficiently effective.

After trying these suggestions for a reasonable time, we should like to hear from the doctor again relative to his patient's condition, whether good or bad.—Ed.]

The Business Side

OF MEDICAL PRACTICE.

While we as physicians desire to be scientific students and practitioners of medicine, yet we desire also, for the welfare of our dependent ones and for the sake of our standing in the community, to secure a fair compensation for the services we render to our fellow-men and to society. To this purpose The Council will occasionally conduct a brief department in which may be discussed those subjects that pertain to the financial welfare of the practitioner and the profession. Ideas are solicited for this column.

Doctors as Bad Pay.

The *St. Louis Medical and Surgical Journal* discourses editorially as to why doctors are notoriously bad pay, and concludes that it is because they are poor, and that they are poor because they are not business men—not good collectors. To all of which we must say amen. It has been our custom for a long time to insist at every opportunity upon the necessity of the use of business methods in practice. The physician is no more obligated to work for nothing for those who can pay than is the tradesman to give his goods away. No physician is worthy of his calling who will refuse to answer a call for aid by the needy though certain that there will be no financial reward; it is not this kind of gratuitous work that is objectionable except in overabundance, but that which his confiding nature and gross carelessness lead him into. He is foolish far beyond his years to give credit as long and for as much as he does, and that to total strangers, too, before he even sends a statement of account. New patients should be made aware of the extent of their obligation at an early date. When first called to attend a stranger, he should satisfy himself of the likelihood of being paid. If this is not reasonably certain, it is best and right in most cases

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to refuse further attendance. It is better to send such an individual to the hospital or let him drift into the hands of a more foolish doctor, or a beginner in practice who can afford to take such a case for the sake of keeping busy and getting acquainted. This is not only a duty that the physician owes to himself, but one that he owes the entire profession.

We are ofraid that the doctor is also to blame in a less excusable way for being bad pay. He should avoid assuming obligations unless sure that he can meet them. He ought to try to go along on a cash basis as much as possible. This is not always so easy, but the effort to do this as far as practicable will make him a better collector as he will feel the deprivation of the things he wants and needs, and which he is otherwise so apt to order on future payments that are never made. Let him, say we, order nothing that he cannot certainly pay for when due, and he will perforce become a better collector, though always a good payer regardless of the size of his income.

Why Corporations Pay Lawyers Better Than They Do Doctors.

Wonder is often expressed as to why corporations are more liberal with lawyers than they are with doctors. The cause is not a mystery nor the explanation difficult. The interest of a corporation in the individual human beings who work for it is slight, while that in its property is infinitely greater. The lawyer is employed to conserve the corporate interests in vast accumulations of wealth, whereas the doctor's services relate to the corporation's infinitely minor interest in individual men, any of whom can be lost and promptly and readily replaced by others. Corporations are not humanitarian. They exist purely for profit. The doctor is only paid to attend to the needs of the common employés, to those of least individual benefit to the corporation. The financial interest in them is little more than *nil*. The more valuable employés are better paid, and select the doctor of their own choice, and pay him direct. The judgment of the lawyer, after a week or a month's study of a question of law, renders a decision that may be worth a million dollars. What wonder then that he gets a fee of twenty-five or fifty thousand dollars. What wonder that the doctor gets much less. Corporations pay for services according to their value to themselves, and not necessarily that if it can be avoided. Why, then, more to a doctor than his work is worth to them? Never until a business corporation is generous and philanthropic.

Can Refuse to Attend a Case, but Cannot Abandon One.

It is a common mistake to suppose that a physician cannot legally refuse to attend a case to which he is summoned. But his knowledge is entirely his own, to use or not, with or without compensation, as he chooses. When once in charge of a case, however, he cannot leave it without due and timely notice, sufficient for the securance of another doctor. To abandon a patient without this precaution, is to be liable for ensuing damages.

The young doctor entering the profession should have motive above the merely mercenary. He should aim to repay the profession of the past with new thoughts and experiences for the benefit of the future in return for that which similar action by his predecessors has yielded to him.

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The Medico-Legal Bulletin.

We are much pleased at the receipt of the first number of this new and unique journal. It is the first and only journal devoted to this very important subject. It is a monthly, and costs $1 per year. We commend it to all physicians as a most important addendum to their periodic literature. It is proposed to be up to date in all legal matters affecting the medical profession, and its first number gives ample evidence of the ability of its editor to make good this promise. It is to contain articles and reports of all late judicial decisions and legislative enactments affecting the practice of medicine. In a series of articles, they will also attempt to classify and analyze the laws governing the practice of medicine, and defining the physician's liability to the State and patient. While published by an assurance company, it is nevertheless the only publication of its kind, and yet so valuable that it should come to every doctor's table as regularly as issued.

But—!

According to the *Medical News*, an Ontario judge has decided that the clandestine calling in, or otherwise consulting, of another physician, without the knowledge of the attending physician, may properly be construed by him as a dismissal. If he abandons the case under the circumstances he is not liable.

Older doctors should never forget their own early days of worry and stress. Wherever a deserving and earnest beginner is found, he should be encouraged by word and deed. Of all the gratuitous work we do, none is nobler, pleasanter, nor more productive than the aid we give our younger confreres in their professional advancement.

General Defence by County Medical Societies.

The Philadelphia County Medical Society has before it a proposition to hire a lawyer, or at least appoint one formally, as its regular counsel, to defend any of its members in malpractice suits, if found worthy. The object also is to regularly prosecute all illegal practitioners. This is good as far as it goes. We understand, however, that help is only to be extended to those who are worthy. This is a bad provision, and we trust that it will not prevail. Its existence would justify many resignations, for its enforcement would involve two trials, one to determine the worthiness of a member's cause, by the society or its agents, and the one in court. Of the two, the latter would necessarily be the fairer for the reason that it would be before men trained in the work. On the other hand, if a physician's case happened to be misjudged, not a fanciful contingency by any means, the object of the society's misjudgment would have his case seriously prejudiced by a knowledge of the fact that his confreres considered it unworthy of defence. This is a double-edged sword that may cut any way. Some of the strongest cases of presumptive guilt have been shown by indubitable evidence to have been entirely innocent. If this move is made at all, it should be to extend legal aid to all physicians, in danger of civil or criminal litigation, who are in good standing.

The County Medical Society as a Protective and Collecting Business Association.

To The Medical Council:

I have in mind to increase the value, importance, and necessity for existence of the county medical societies by adding to them—through the secretary's office,

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may be—a financial or business bureau; the idea being to have among the members a "Protective and Collecting Association," to publish a list of "bad pay" and "no pay" persons for the good of the members; also a collecting branch, employing, through the secretary's office, a good, honest man who will do nothing but work for the society—the expenses to be met by a percentage deduction on bills collected, etc.

As it is now, fifteen of us, for instance, pay $15 per annum and from 5 to 20 per cent. of all bills collected, to a firm in New York, who do the collecting, too, by mail, not personally. We each get quarterly a list of "bad pay" folk, etc.

This sum paid by all the members of the county medical society would pay a big salary to a clerk or collector and give a bonus for the secretary.

There are other features that can be elaborated, especially the fact that our societies need something to bring the interested attendance of the county members at the meeting; they do not care to have scientific—save the name—papers read, for, if any good, they will be published in a journal or sent (generously) as a reprint. Any way they may be only a "hash" of some textbook. "Business" is what interests most of us, and we do not get it at the society's meetings.

H. T. W., M. D.

[Everything which adds to the interest or benefit of the members of a society may properly be added to the scope of that society's work. A matter of the greatest interest to physicians is the securing of proper remuneration for their work, including a prompt knowledge of those who are in the habit of beating physicians out of their remuneration. Yet all such matters must be so organized as not to conflict with the anti-trust laws of the State or nation. The following points are all proper and useful to incorporate within the scope of a medical society's work.

1. To employ a person who will act as collector for all the members of the society, at a rate of compensation to be determined mutually between them. If a large minority of the society prefer not to have such a collector, then it would be better for the majority who do prefer to employ him collectively for themselves alone and not bring it in as part of the society's functions. In this connection it is very necessary that the one employed be not specially interested in the affairs of any one of the members, and that he be obligated not to communicate to any of the members or to the public any information which, in his capacity as collector, he may receive regarding the affairs of any of his clients; in other words, he should be absolutely impartial and just towards every member of the organization. This will be a matter of considerable delicacy, and in some instances hard to attain.

2. The collector may communicate to the organization the names of all persons who are found to be negligent of their financial obligations to doctors outside as well as to members of the organization, and the members may govern themselves accordingly in volunteering credit. It is best to have this information communicated as far as possible in other ways than by mail or in writing, so as to avoid possible legal entanglements.

However, doctor, the members of a medical society who will not come together for the earnest consideration of scientific subjects, exchanging views and experiences, failures and successes in practice, to become better doctors from year to year, thus preparing themselves to do better work for their patrons and really earn the fees which they claim, do not deserve a position as members of the profession, and no appeal to their pocketbooks should ever be made to bring them into the society, as they will never be anything but drones under any circumstances until they "change their nature."—Ed.]

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Hints.

To The Medical Council:

(1) Doctors should not be street politicians or enter into political details. It is the *little* in politics that degrades a physician.

(2) Do not tell a layman that a brother practitioner's charges have been high.

(3) Teach the layman that the value of medical services is not rated by time, difficulty, or wealth, but tends to approximate the *value* to the patient of the service and advice rendered.

(4) My patient's life is saved—what is the life worth to him? Show him you do not charge quite as much as the life is really worth, but do not let him think you sell your time for five cents per minute.

(5) A doctor that peddles out his time at so much per minute is like a woman that sells her love.

(6) When your creditor pays you with a remark that you *worked hard* over his case, take it as no compliment. You are merely to him a convenient mule.

(7) When a patient tells you: "Doctor, but for your ability I should not be living," you may conclude that he views professional services from a correct standpoint. C. E. Boynton, M. D.

Los Banos, Cal.

Pay of U. S. Army Surgeons.

E. L. Munson, Captain and Assistant Surgeon, U. S. A., states the following regarding the emoluments of medical service in the United States Army: A fixed annual salary attaches to each rank payable in monthly installments, increased by ten per cent. for each period of five years' service until a maximum of forty per cent. is reached. An assistant surgeon (mounted) $133.33 monthly. At the end of five years he is promoted to captain and receives with his ten per cent. increase $183.33 monthly. After ten years' service as captain he receives $200 monthly. A major receives $2,500 per year with ten per cent. added for each five years' service—thus $3,000 after ten years, $3,250 after fifteen years, and $3,500 after twenty years. The monthly pay of lieutenant-colonel, colonel, and brigadier-general is $333.33, $375.00, and $485.33, respectively.

In addition, officers are furnished quarters, or, in lieu thereof, cash commutation; seven cents per mile for traveling expenses; transportation for professional books, papers, and a reasonable amount of baggage; forage, stabling and transportation for horses, not exceeding two for all ranks below a brigadier; groceries and supplies may be purchased at about cost from the commissary, and fuel from the quartermaster. Instruments and appliances are furnished.

Leave of absence is allowed on full pay for one month of each year and extended on permission with half-pay. Absence on account of sickness involves no loss of pay.

Retirement comes at sixty-four years of age, with three-fourths' pay as allowed at the time of retirement. A retired colonel's pay at sixty-four years of age is $3,375 annually.

Medical officers may be retired for disbility incident to duty, or after forty years of service. Death incident to the service allows of a pension to dependent members of famlly, which in the case of an officer of the grade of colonel amounts to $30 monthly with a small allowance to each minor child.—*The Clinical Review.*

Some put it as a fair estimate that not above one per cent. in the medical profession gain more than a day-to-day livelihood.—*The Clinical Review.*

The Doctor can only be successful financially first by so perfecting himself in his art as to really earn good fees, and second by keeping an absolute account and collecting for services rendered, and leaving the few current accounts at his death in such form that they may be readily collected by his administrators. This can only be secured by some such system as that embodied in The Physician's Pocket Account Book. Price, complete, one dollar.

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BEST IDEAS FROM RECENT LITERATURE.

On Urotropin, Heroin, Holocaine, Acetozone, Silver Vitellin.

Dr. W. W. McKenzie, of Salisbury, N. C., in the *Carolina Medical Journal* of August, 1902, in the consideration of some of the newer remedies, mentions the fact, that *Urotropin* is a compound containing formaldehyde, which constituent is set free by decomposition in the urine while being eliminated from the body, thus making this excretion thoroughly antiseptic, and exercising a corresponding influence upon the mucosa. It is thus important in catarrhal conditions of the urinary tract, and in the decomposition of alkaline urine. Given to typhoid patients, it so disinfects the urine as to destroy its typhoid germs. The average dose is from 8 to 10 grains dissolved in one-half a tumblerful of water, and taken three times a day.

Another remedy is *Heroin;* a derivative of morphine, and is used principally to allay irritative cough, for which it is superior to codeine. It is readily soluble. As an anodyne it is less effective than either morphine or codeine. It is incompatible with alkalies and apomorphine. The dose is from 1-10 to ⅓ grain.

Holocaine is a local anesthetic used, more especially, in eyework. It does not dilate the pupil as does cocain, thus being free from the objection of increasing intraocular tension. It does not affect accomodation. It is more anesthetic to the iris than is cocain, and relieves painful affections that do not yield to the other drug. It is not poisonous when locally applied, and is strongly antiseptic without roughening the cornea. In causing primary contraction of the bloodvessels, it does not control bleeding like cocain. It is used in from ½ to 1 per cent. solution.

He also speaks of Dr. Wasdin's theory, "that the primary germ colony of typhoid fever cannot be considered as taking place in the intestinal canal, but that the weight of evidence shows it to be normally an invasion of the respiratory tract." On this account he recommends *Acetozone*, a general anstiseptic superior to any other at present in use, hoping thereby to cut short typhoid fever before it finds it snidus in the enteric tract. What lends a degree of plausibility to Wasdiin's theory, it seems to us, upon first blussh, without further consideration, is the subacute bronchitis almost always isresent in typhoid fever, and so often one of the first symptoms of the disease.

Silver Vitellin is a new substitute for silver nitrate, containing 30 per cent. of silver, double as much as has ever been produced before in proteid form. Silver compounds are active by virtue of the liberation of the silver they contain, and this frees more than does any other preparation. Neither does it coagulate upon mucous membranes, or change chemically by other secretions. It does not precipitate albumen or sodium chloride. Furthermore, and very important, it is decidedly penetrating without caustic action or irritation. This is very valuable in the treatment of gonorrhea and n simple infections of mucous membranes in which the causative element penetrates deeply.

Coughs.

All coughs are either moist or dry. A moist cough is nearly always paroxysmal; expectoration is usually most abundant in the morning. This cough, like all others, is often nearly or quite suppressed toward the fatal end of most grave diseases, owing to carbon dioxide narcosis.

Anatomically, most coughs are either pulmonary or bronchial. The pulmonary class is marked by more or less percussion dullness, and by double subcrepitant and inspiratory crepitant râles or bronchial breathing. The bronchial class is marked by soreness, oppression, pain and irritation in the upper sternal region, and by moist double râles.

A dry cough is usually short, sharp and hacking, though sometimes paroxys-

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mal. Reflex forms are generally quickly relieved by treating a local cause, or they may be produced artifically by irritation of the affected locality. There is inability to cough in bulbar paralysis and extensive destruction of the larynx. A dry, pulmonary cough is accompanied by broncho-vesicular or bronchial breathing and impaired resonance.

Dry bronchial coughs are tight and harsh, with sonorous and sibilant râles.

Laryngeal coughs are hoarse, harsh, deep and rough, with altered voice and laryngeal pricking, burning and soreness, and a constant desire to clear the throat.

The pharyngeal cough is accompanied by a pricking feeling in the throat or feeling of fullness.

Nasal coughs are marked by local signs and by "hawking" down mucus from the posterior nares.

The faucial cough is usually worse on lying down, and is attended by a tickling in the throat.

The oral cough is due to irritation of tongue or teeth.

Aural coughs are due to irritation of the auriculo-temporal branch of the fifth nerve, and may be accompanied by considerable expectoration.

Pleuritic coughs are generally painful, with quick and painful breathing, and often friction murmurs or flatness.

Pressure on the respiratory tract by tumors or pseudo-tumors excites a cough, which is laryngeal in character.

Visceral disease is a rare cause of cough, and diagnosis should be made by strict exclusion.

A uterine cough is hacking, very painful and tiring, and repeated two or three times in succession. It is excited by the least irritation.

Nervous coughs deserve considerable attention. They are periodic or paroxysmal, usually high-toned, quite variable, slight or prolonged and painful. Two important general characteristics are that they disappear entirely during sleep, and are accompanied by no secretion whatever. On auscultation there are sometimes wheezing, rattling, scraping sounds, and there may be spasms, convulsions or aphonia.—*Denver Med. Times.*

Common-sense Rules in Therapeutics.

In the *Boston Medical and Surgical Journal* of May 8, 1902, Dr. B. W. Loomis, of Syracuse, N. Y., discusses the influence exercised upon therapeutics by the introduction of new remedies prepared by the synthetic chemists and the combination of older remedies placed upon the market by manufacturing druggists. He emphasizes the very important fact that there is danger of the physician following the advice of the purveyor of these drugs rather than his own therapeutic skill, and instances cases in which careless physicians have come to administer remedies solely on the strength of advertisements advocating their employment without giving them careful examination and the question of the treatment due consideration. He says:

1. Keeping in mind the tendency of self-limitation of pathological processes and the possibility of cure as a result of natural forces, never prescribe a remedy that will interfere with, or upset the conservative efforts of, the organism.

2. Keep the problem of treatment as simple as possible by the exhibition of few remedies, well selected.

3. Bear in mind the possibility of aggravating existing pathological conditions and introducing new ones, by injudicious or too heroic methods of treatment.

4. Remember that the benefit to be expected from remedies is generally offset or neutralized when a large number of remedies are exhibited at the same time.

5. Try to remove the cause—this presupposes a careful study of the case, rather than a hasty prescription for this, that, or the other symptom.

6. Do not forget that most medicines are two-edged swords—if a medicine does no good it is likely to do harm.

7. Prescribe for conditions, not diseases.

8. When necessary, hit hard, but not too often.

9. Watch constantly for symptoms that may be the result of remedies prescribed for the relief of other symptoms.—*Therapeutic Gazette.*

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Condensed Reminders on Various Fevers and Infectious Diseases.

Period of incubation: This is the period elapsing between the entrance of the poison and the development of the symptoms. It varies considerably in the same disease, being more or less influenced by the susceptibility of the patient and the virulence of the contagion. The average period of incubation in the infectious fevers is as follows: Typhoid fever, two to three weeks. Typhus fever, a few hours to two weeks. Measles, two weeks. Rötheln or Rubella, ten to twelve days. Scarlatina, a few hours to one week. Small-pox, one to two weeks. Erysiplas, three to seven days. Diphtheria, two to ten days. Varicella, ten to fifteen days. Tetanus, a few days to two weeks. Mumps, two to three weeks. Yellow fever, from a few hours to a week.

The date at which the rashes appear in the various diseases is as below: Typhoid fever, seventh to ninth day. Typhus fever, fourth or fifth day. Small-pox, third or fourth day. Measles, third or fourth day. Scarlatina, first or second day. Varicella, first day.

Few diseases give absolute immunity from future attacks, but the following are fairly protective: Typhoid fever: relapses are common and second attacks occur. Typhus fever: second attacks very rare. Measles: second attacks uncommon. Rötheln: second attacks uncommon. Scarlatina: second attacks rare. Small-pox: second attacks occasionally occur. Mumps: second attacks rare. Yellow fever: second attacks rare.

The following do not confer immunity: Erysipelas, relapsing fever, diphtheria, malaria, influenza, croupous pneumonia.

The infectious fevers usually associated with jaundice are: Yellow fever, relapsing fever, acute yellow atrophy of the liver, bilious remittent fever.

The fevers apt to end by crisis are: Typhus, pneumonia, influenza, measles, relapsing fever, erysipelas fever.—*Practice of Medicine, Stevens.*

Book Reviews.

CLINICAL BACTERIOLOGY. By Drs. Ernst Levy and Felix Klemperer, of Straussburg; being an authorized translation of the second edition enlarged and revised, by Augustus A. Eshner, M. D., Professor of Clinical Medicine, Philadelphia. W. B. Saunders, 925 Walnut St., Philadelphia.

This is an octavo volume of 441 pages, with 92 illustrations. It is well printed on good paper, as is customary with the publications of this house, and is well worth the care expended upon it by the translator and publisher. The book is somewhat unique, which was the cause of its having been translated. Bacteriology is considered from the clinic standpoint. Part I deals in general considerations regarding the life history of microcosms, infection, and immunity. Part II deals with inflammation and suppuration. Part III of specific diseases of bacteric origin. Part IV with mycoses and other infections with the lowest forms of animal life. There is also an Appendix dealing with bacteria of soil, air, and water, and their examination, and special consideration of the subject of disinfection. The book is interesting, and one which in many ways will be found useful to the general practitioner, and yet it is a work sufficiently elaborate to make it difficult for the busy doctor to read it through with the careful attention that it merits. Being practically the only book upon the subject, and a very good one at that, it is without competition, and one of which it can surely be said that the physician can hardly afford to be without if he aims to be up to the times.

PHYSICAL DIAGNOSIS IN OBSTETRICS. By Ed. A. Ayers, M. D., Professor of Obstetrics in the New York Polyclinic. Octavo, 283 pages. Illustrated. $2.00 net E. B. Treat & Co., 241 and 243 W. 23d St., New York City.

This book consists of the series upon this subject by the author, that ran through *Pediatrics* until it had appeared in its entirety. It is a useful book, saying all there is to be said upon the subject upon which it treats, though sometimes going into greater detail than is useful to the reader, however helpful it may be to the author in his practical work. It is the kind of book we like to see written by a master upon a limited part of his chosen work. There is no other book like it, nor does any systematic treatise upon this subject handle it as thoroughly and as satisfactorily as is done in this book. We would suggest neater illustrations in subsequent editions, and a much better title page than the cheap one which now rather disfigures the work. Greater care should also be exercised in securing a uniform quality of paper, so that the book does not appear, as it does now, to be made up of four different grades, two of a decidedly yellowish tint. While these defects do not detract

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from the value of the work, they nevertheless offend the eye, and are likely to injure its sale. It has a cheaper look typographically than it merits.

THE MEDICAL BOOK NEWS. A Bimonthly Publication Devoted to the Literature of Medicine and the Allied Sciences. Containing lists of new books, reviews taken from prominent periodicals, occasional criticisms, news items, and advs. Published by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

The principal object of this book, which will appear bimonthly for free distribution to those who would like to have it, is to print in each issue a list of new American and English publications, as above stated in the sub-title of this periodical. Added to this are reviews of specially meritorious works, criticisms, suggestions, etc., all of which are interesting as well as valuable to the book-lover. Physicians having a desire to keep abreast of the times should send for this publication, so that they may know of everything that is offered in the book market. We are also pleased to note that Volume III of Deaver's Surgical Anatomy is more than two-thirds printed, and that its issue may be looked forward to within a reasonable time, although some important dissections and illustrations still remain incomplete.

My Dear Dr. Taylor:—I received Dr. Leuf's book, "Practical Obstetrics, Gynecology, and the Menopause," and began to look it through, but finished by reading nearly the whole of it. I wish you would convey to the doctor my hearty congratulations on the success with which he has treated the whole subject. It is a book which ought to have a large circulation, especially among the junior men in the profession. Systematic works are very well in their place, but everyone knows how often they fail in the common-sense views of disease and the treatment. There is often so much "science" that things of practical value are overlooked, and men wander in fields of speculation, and are lost.

I hope that the circulation of the book may be equal to its merits, and then I am sure the doctor will have the reward due to his labors.

Very truly yours,
H. A. CARRINGTON, M. D.

Bristol, Conn.

This is the first time in my life that I voluntarily wrote a personal endorsement for a man doing business for and with the public, but I want to say that your MEDICAL COUNCIL of April issue contains very practical facts, and I wish to emphasize what I have to say by enclosing one dollar to renew my subscription.—*Dr. J. C. Pence, 842 W. Wayne St., Lima, Ohio.*

I am a newsubscriber to your journal, and I get more help from it than all the rest I take. Your pocket account book also is the most convenient and practical book I have ever seen.—*J. B. Watson, M. D., Ashland, Ky.*

Useful Notes.

N. B.—Doctor, as you like the MEDICAL COUNCIL, perhaps some of your special medical friends would also like it if they became well acquainted with it. If you wish to compliment any of them with a present of a three months' trial subscription, we will allow you to so by sending us the names and addresses, and by writing a line also to the doctors themselves, informing them of the fact.

Doctor, if you should drop dead to-day, in what condition would your executors find the accounts you have kept for services rendered within the past few years? Could they be proven in court? Have you used a legal system of accounts? The Physician's Pocket Account Book, by Dr. J. J Taylor, is legal, convenient, simple, and practical. Only $1.00. Address MEDICAL COUNCIL, 4105 Walnut Street, Philadelphia.

"THE MEDICAL COUNCIL is to me a true post-graduate course of instruction"—*Theodore A. Lehman, M. D., Long Island City, N. Y.*

An able book, "Valid Objections to so-called Christian Science," will be sent free to our readers requesting it by Arlington Chemical Co., Yonkers, N. Y. Mention MEDICAL COUNCIL.

The Post Check Currency.

Citizens should request their representatives in Congress to see that more convenient money is furnished the people. No such simple, safe, and inexpensive method of mail remittances has ever been devised, and its advantages to the masses of the people are so many and so great that the only wonder is that there should be any opposition to the plan. Postmaster-General Payne favors the scheme, as does also Auditor Castle of the Treasury Department. The utility and simplicity of the Post Check has appealed to nearly everybody who has given the scheme any thought. It has the endorsement of financial experts and of business men who are dependent on the mails for the receipt or despatch of money, particularly in small sums, to a considerable extent. It ought to impress Congress favorably, for it is in the interest of the people. Such being the case, Congress ought not to pay too much heed to those who are opposing the introduction of this form of money on no more worthy grounds than it will give them a little more work and trouble. The pending bill is clearly one in the interest of the masses, and the indications are that its adoption cannot ultimately be prevented.

For full information, specimen checks, address Post Check Currency Bureau, 825 Vermont Avenue, Washington, D. C.

Postum Cereal is not only a good drink, but the grounds that are left make an excellent cleanser for the teeth.

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Doctor, although you are through with the regular reading pages, we hope you will not lay this copy down until you have thoroughly examined all the advertising pages. Many able minds are constantly at work, making inventions and discoveries and devising improvements in our armamentaria for treating the sick and injured. They should be encouraged by the wide-awake interest of every practicing physician in the land. It certainly is no condescension to show an interest in a new idea by requesting literature and samples for a more complete knowledge thereof.

Now, doctor, get out your pen and paper and write to every one whose article interests you, and always mention the MEDICAL COUNCIL, as we thereby get credit for the service we have really performed in bringing their goods to your attention. This is an easy courtesy which counts for a great deal for us and helps us greatly in giving you so good a journal for so small a subscription price. Always mention the MEDICAL COUNCIL.

Jaborandi is an immediate stimulant to the sweat glands and to the salivary glands. In dry skin with high fever in full doses it is a prompt restorative of function, reducing the temperature.

The Medical Food Company, 157 East Forty-second Street, New York, have a preparation called Hydrocine, purely vegetable and absolutely harmless, containing the oily principles of conium, chekan, thymol, myrtle, and others, with cinnamic aldehyde, and syrup, said to be very successful in treating tuberculosis and other diseases of the lungs. Write them, and mention COUNCIL.

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Albert W. Warden, in a communication to the *Journal of the American Medecal Association*, proposes the use of ether in the case of condemned criminals who refuse to give any clue to their confederates. Ether given as in surgical operations, but carried only to the stage of stimulation, not of profound anesthesia, will cause otherwise silent people to talk; the will-power is in abeyance, and the door of the mind unlocked so that the tongue is forced to tell the most secret things.

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Deserts and seas remote, and passing by
Hovel and mart and palace, soon or late
I knock unbidden once at every gate!
If sleeping, wake—if feasting, rise before
I turn away. It is the hour of fate,
And they who follow me reach every state
Mortals desire, and conquer every foe
Save death; but those who doubt or hesitate,
Condemned to failure, penury and woe,
Seek me in vain and uselessly implore,
I answer not and I return no more.

—*John J. Ingalls.*

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Binks—"My employer's wife has gone and endowed another mission."

Bones—"What of that?"

Binks—"Every time she does it the old man cuts down our salaries to get even."—*Tit Bits.*

(Continued over next leaf.)

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THE

Medical Council

A MONTHLY JOURNAL FOR THE PHYSICIAN AND SURGEON.

"WE FIND WISDOM AND STRENGTH IN COUNCIL."

J. J. TAYLOR, M. D., Editor and Publisher. | PHILADELPHIA, PA. | A. H. P. LEUF, M. D., Associate Editor.

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NOTE OUR CHANGE OF ADDRESS.

Our subscribers and correspondents will please notice our change of address from 12th and Walnut Streets, to 4105 Walnut Street. This is another step in the substantial progress of THE COUNCIL.

We thank our loyal friends for their enthusiastic co-operation, and shall strive to deserve it even more in the future than in the past.

Aortic Compression in Post-Partum Hemorrhage.

Of all the emergencies confronting the medical practitioner, hardly any is commoner, and certainly none more dangerous and requisite of instant help of the proper kind, as is post-partum hemorrhage. Besides this, it is surrounded with sentimental conditions causing an exaggerated emotional state of the patient and those about her, that is exceptional in the usual emergency. The new babe, ranging in age from a few minutes to a day or so, together with the mother after her great trial, from which she is supposed to have emerged triumphant, is an ill preparation for the startling and tragic possibilities suddenly ushered in at the appearance of a severe and unexpected flow of blood.

The conditions and surrounding circumstances, most prominent among which is the nervousness of all the parties interested, makes the position of the medical attendant so much harder. He must not only be prompt and correct in the application and use of his remedy in behalf of the patient, but must manifest a superb confidence in himself, whether he feels it or not, for the benefit of all persons interested. A close second to these reasons is the maintenance of his own reputation for competence, efficiency, and reliability.

It is often a discredit to the physician in the public eye to have a severe hemorrhage some time after the delivery of a child. It is usually attributed to improper attention by him, on which account he is apt to be blamed, though he saves the patient's life. This is particularly true in many ignorant families. But to have such a patient die of hemorrhage is by many considered utterly unpardonable. However unjust these strictures may be upon the physician, they are, nevertheless, deserved in some instances, for post-partum hemorrhage does sometimes result from defective

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attention, and death sometimes ensues from a like cause.

The great problem in the arrest of excessive bleeding is to secure firm contractions of the uterus, and in lieu of this, either cessation of the flow, or its diminution to such an extent that it is not dangerous. The intrauterine application of extreme heat or cold (hot water or ice), chemical excitants (vinegar or lemon), mechanical irritation, packing, or the use of styptics, which last are to be deprecated, with the exception of 10-per-cent. gelatine solutions, are some of the many means used to control uterine hemorrhage. Electricity is another, though open to the objection that it usually is not serviceable within a reasonable time. Treated as is generally advised in the text-books, the condition offers very little opportunity for methods of help requiring time for preparation.

Strange enough is the fact that the only remedy absolutely sure so long as it is applied has been only casually mentioned, here and there, as an expedient to be tried as a last resort after all other efforts have failed. This is compression of the abdominal aorta.

We have called attention to this before, and do so again because of the prompt, ready, and ever-present means it affords of giving certain relief to this most dangerous condition, during the application of which the patient is in no danger, and there is ample time to permit the making of every preparation to prevent the recurrence of the hemorrhage after pressure upon the aorta is ended. We feel constrained to mention this matter again because childbirth is continually going on day and night, all the year round. It is always a seasonable occurrence. Cases of post-partum hemorrhage occur daily throughout the length and breadth of the land, and every once in a while a human life is sacrificed that might easily be saved by putting into practice the simple procedure of compressing the abdominal aorta pending a more deliberate preparation for other means of relief. Such compression, to be effective, must be made as far above the umbilicus as is possible, to insure compression of the aorta above the origin of the blood-supply of the uterus.

Hemorrhage in Typhoid Fever.

Dr. Roland G. Curtin presented the above phase of the subject as his contribution to a symposium on typhoid fever before the Philadelphia County Medical Society, in September last. He showed that hemorrhage in typhoid cases occurred oftener in hospital than in private practice, and attributed most of it to the greater frequency with which patients are cold bathed in institutions. He suggests ergot, suprarenal preparations, ice *per rectum*, opiates, and oil of erigeron in the treatment of hemorrhage.

We are pleased to agree with the doctor in the former of his two propositions, and are satisfied that routine cold bathing of typhoid patients is a bad practice, and utterly indefensible. It shocks the patient, lowers his vitality, and reduces the superficial circulation so markedly as to cause intense internal congestion, thereby increasing the intestinal blood-pressure, and invititing the other condition (hemorrhage) that it is ever our object to avoid in typhoid fever. Cold or tepid sponging is a much more satisfactory and thoroughly efficient means of reducing excessive temperature. It has the added advantage over cold bathing, not only of not shocking the patient, but also of being agreeable and refreshing. They frequently go to sleep during the application. Sponging is so readily accom-

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plished that it is always carried out, and it is so simple a procedure that it is always properly done, even by the most ignorant. We venture to say that few practitioners are likely to resort to the cold bath after once having carefully tried sponging.

With the second proposition of the doctor's we cannot altogether agree. While willing to admit the efficacy of, as well as good reason for, the employment of agents having a local astringent effect, we most emphatically deny the utility of remedies that raise the general blood-pressure, as does ergot. Their effect is to diminish the caliber of the bloodvessels at the same time that they increase the force of the heart's action, thus compelling a swifter blood-current, with increased liability of hemorrhage through weakened vessel-walls. A far more rational treatment of these conditions is to relax blood-pressure, and weaken the heart's action, thus diminishing the strain upon the vascular walls by lowered blood-pressure. Typic of this class of remedies are opium (which is mentioned by the doctor), belladonna, aconite, and even glonoin, though the last named increases the heart-action at the same time that it causes vascular relaxation, but it is efficient in arresting bleeding of this kind.

The use of ergot for all kinds of internal hemorrhage is due to its remarkable efficiency in controlling uterine bleeding, but it does this mechanically by compressing the sinuous bloodvessels as they wend their way irregularly between the muscular fibers of the uterine walls, thus preventing the passage of blood through them as one would water through a delicate rubber tube twined between the fingers of a clenched first. But the uterus is about the only part of the body in which we can expect to arrest hemorrhage in that way. To attempt its control by the mere contraction of the bloodvessels when this involves a like narrowing of all, everywhere in the body, together with the increased heart's action, is expecting the impossible. To employ ergot to arrest other than uterine hemorrhage is, therefore, evident thoughtlessness, a too common failing in medical practice.

As to Prognosis.

Much has been written and said about how to prognose a case. The subject is a very important one. It is well understood that it is irregular to definitely promise any result of either treatment or operation. This for the excellent reason that a simple benign case may become complex and fatal, and that it is often unsafe to positively predict a fatal outcome when some of the most hopeless cases have recovered. These alternatives tell the whole story about correct prognosis. Future predictions are at best but personal estimates. We can only state probabilities with any degree of certainty. The proper course is to give the most probable outcome, together with the intercurrent factors that may increase the tendency to a fatal issue, and contrariwise.

Never be too sure. Be not over-positive. A wrong prognosis is always bad—for the doctor. One that is conservative, guarded, is always safe for the reason that it permits one to turn either way in modification of the former contingent opinion, and thus always be right.

Subscriptions for 1902 expire with this issue. Please be prompt in sending in your renewal, so that your name may be on our list for the January, 1903, issue. We shall certainly try to give you a full dollar's worth. The very kind words of appreciation we are receiving in every mail indicates that THE COUNCIL is properly fulfilling its mission of practical post-graduate instruction to the general practitioner. Send $3.00 for 4 years.

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On the Advisability of the Use of a Good Artificial Light in Arctic Winters.

Dr. Frederick A. Cook, of Brooklyn, in *The Sun* of October 5, 1902, calls attention to the effect of the long Polar night upon the minds of those not accustomed to it. They become irritable, querulous, and incapable of their usual ability for a sustained mental effort. The spirits and all other functions of the body are depressed. They feel desperate. He says, "indeed this hellish darkness brings out all the badness of which a man is capable." He also refers to the diary of De Long, the Arctic explorer, at the time when he was icebound for a year, of which he says, "that is the most realistic and melancholy description of a sojourn under the Polar sky ever penned." He also says that the mental operations of men under these conditions, even the leaders of expeditions, are at times extremely illogical, their sentences often absurd, without beginning or end.

So much for the effect of continued darkness and humidity upon the minds of men away from home under adverse circumstances, but under the stimulus of ambition, without which life would be a dreary waste, shorn of all hope, and, therefore, not worth living.

Experience, within the past few years especially, has shown the wonderfully positive and beneficent effect of sunlight, and also of its artificial substitutes. We have learned to suspect, with good cause, that the different parts of solar light have various effects upon the human body as well as other bodies organic, or any organic matter, animal or vegetable. We know that some of the most effective rays from solar light, chemically at least, are in the darkness beyond the violet end of the spectrum. Each one of the primary colors has certain effects, some of which are already well established. The thought occurs to us that an Arctic expedition should be fitted out with suitable apparatus for generating electricity, in ample quantity and electromotive force to yield an efficient approximation to solar light, for the purpose of conserving the health of explorers during the long Arctic night. Search-light views of the surrounding locality would enormously enlarge the narrow confines of the winter quarters. It would prevent mental cramping. Its expansile effect would probably be stimulating to all the functions. Added to this, we could have the concentrated light-rays thrown upon the members of the expedition, as often and as long continued as necessary, by concave mirrors, for its life-giving and stimulating effect. Chromulume treatments could be administered through slides of colored mica or glass. We suggest such an outfit for the next Arctic expedition. Blubber would afford an unlimited supply of fuel with which to run the dynamo.

Addison's Disease Cured by Suprarenal Extract.

According to W. E. Deeks, in the *Montreal Medical Journal*, who relates the case of a woman, thirty-two years of age, afflicted with Addison's disease, including the general pigmentation, various methods of treatment were tried, but without result. When she began to take three grains of suprarenal extract after each one of her three daily meals, there was immediate improvement, with lessened vomiting and diarrhea, within three days, together with improved strength and general sensations. She was decidedly better in two weeks, and then ate

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well. Hemoglobin was increased from 32 per cent. to 40 per cent. Pigmentation was disappearing quickly at the end of three weeks. This improvement continued until the time of reporting her case.

Gas Injections for Recurrent Pleural Effusions.

It is a well-known fact that effusions into the pleural sac, whether this be pus, serum, or any other kind, are likely to return after being drawn off. Irrigation by means of usually innocuous antiseptics have proven fatal in some instances without assignable cause. More recently, gas of some kind has been used instead, either air or one of its main constituents, nitrogen and oxygen, being employed; nitrogen by Lemke of Chicago, and sterilized air by Potain, and oxygen by others, but this last is less efficient because too rapidly absorbed. Baquez and Quiserne have used sterilized air injections for the treatment of pleurisy with effusion, after twelve tappings. A thirteenth tapping yielded about a pint of straw-colored liquid, the effusion re-appearing in two weeks, when they tapped again, and substituted for the fluid an equal amount of sterilized air, resulting in a rise of temperature to 104° F., which soon dropped to normal. The resulting pneumothorax remained even after several months. Another case similarly treated was so fortunate as to have no sign of pneumothorax at the end of two weeks, and there was no evidence of effusion. It is hardly necessary to add that the operation should be strictly antiseptic, and that the air admitted should be sterile. This latter condition is best attained by passing the air through a sterilized bulb filled with sterilized cotton.

Cleveland, Small-pox, and Vaccination.

It is not so many months since the chief of the Cleveland Board of Health, a practitioner of medicine, and a man who ought to know better, gave comfort to the anti-vaccinationists by claiming that he had rid the city of the small-pox danger without resorting to vaccination. Characteristic of individuals of this ilk, they had not the patience to await results, but plunged into print with a hue and a cry that was intended to still the movement for rigorous vaccination against the disease. The "Public Health Reports" of the Marine Hospital Service tell the usual story so well known and abundantly proven by science. It shows that Cleveland had 532 cases of small-pox, with 73 deaths, from June 1st to August 30th of this year, less than half a year after it was claimed that the disease had been eradicated. The statistics of the whole State of Ohio for small-pox for that period show that Cleveland had more than one-third of the total number of cases during this time, and three-fourths of all deaths, thus showing that it was the most infected portion of the State, and that the disease was more fatal there than elsewhere. These are facts that speak for themselves, and require no further elucidation.

Burn of the Eye and Face by Nitrite of Amyl, with Loss of the Eye.

Dr. Edward A. Shumway, in the *Philadelphia Medical Journal* of October 11, 1902, reports a case of a man, 25 years of age, accustomed to using nitrite of amyl inhalations to prevent or mitigate epileptic attacks usually preceded by an aura sufficient to allow him to use the remedy before the onset of the seizure. On one occasion the convulsion appeared

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so quickly that he accidentally threw some of the drug into his eye. Despite prompt treatment, a deep burn of the cornea and conjunctiva resulted, extending to the skin of the right side of the face. The cornea sloughed, and the eye was destroyed. The eyeball was subsequently removed to make way for an artificial one, and a plastic operation had to be done on the scar of the face.

This is the first known case of such an injury from this drug. The doctor finds, in looking up this matter, that exposure to light and air causes the drug to decompose, forming nitrous and nitric acids, as well as a valerianic acid, valerianate of amyl, and fusel oil. It is supposed that this patient used a decomposed drug, and that his burn was really due to the resulting acids. The lesson to be learned from this sad experience is, that nitrite of amyl, to be inhaled, should be prescribed only in the form of glass pearls. These contain three or five minims of the drug, are hermetically sealed, and must be crushed between the folds of a handkerchief or like material, then held to the nose and deeply inhaled, to secure the most prompt and certain effects. When preserved in bulk, it should be in small, well sealed, glass-stoppered bottles in a cool dark place. If it has been exposed to the air several times, it should be tested for purity, being rejected if at all decidedly acid, as the pure drug is only slightly so.

Doctor, if you are one of the few selected to receive this number as a complimentary copy, we ask you to kindly examine it critically with a view to sending in your subscription in time for the January number. We will also send you an October and a November number if you send before our reserve supply is exhausted. Thus you get one-quarter year free.

On the Requirements of Medical Licensing Boards.

Dr. Osler, in a lecture several months ago before the Canadian Medical Association, took occasion to refer to the obstacles placed in the way of medical graduates practicing their profession in different States, reference being had to the requirements of licensing boards, not only that the applicant should submit himself to an examination, but that he should pay a fee placed arbitrarily high. He very properly objected to the imposition of these multiple hardships as unnecessary and subserving no really useful purpose. He favored a national system of examination, which is correct. On the other hand, no one can successfully gainsay the right of each and every State government to protect the health and lives of its citizens, by refusing to permit men to practice medicine until some proper tribunal has certified to their competence. In this matter State governments are entirely within their legal and moral rights. That they should refuse to recognize the action of similar State bodies as their own is not to be wondered at when we consider the difference between them in the tests applied for applicants to practice medicine. The tendency toward uniformity is constant, and already manifested by the reciprocal arrangements made by different examining boards. The line is too sharply drawn between the licentiates from other States who may desire to operate or give special advice within a jurisdiction from which they have no license. We are quite sure, however, that these objectionable features are the incidental shortcomings of a new system, and that they are bound to be rectified as soon as experience, opportunity, and exigency unmistakably point the proper

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way. Let us all help, without bias or impatience, in the proper solution of the problem, by continued agitation. Upon one fact we can all agree, which is that the examination fees are excessively high, and should be reduced to a nominal basis. The expenses of examining boards should be defrayed by the governments that create them, as those dependent upon them are the real beneficiaries of their work. As it is, the applicant is mulcted of money that he greatly needs.

Penetrating Bullet-Wound of the Heart Not Fatal Per Se.

In *La Presse Medicale* of June 7, 1902, Drs. Berard and Viannay record a case of suicide in a man of twenty-eight, whose heart wes penetrated through both ventricles, causing openings in the anterior and posterior heart-walls and through the interventricular septum. The report of the case is illustrated by diagrams. An operation for relief was begun ten hours after the shooting, but abandoned as needless in the absence of hemorrhage into the pericardium. Two days afterwards collapse set in, followed by death upon the next day. On post-mortem examination a small quantity of blood was found in the chest, and hardly any in the pericardium. The only accountable cause of death was a septic pleurisy. The bullet-wound did not kill. This case may be said to be somewhat of an argument in favor of the safety of cardicentesis.

In failure of the voice from mucous laryngitis or from fatigue, Bartholow recommends small doses of dilute nitric acid given largely diluted every two hours.

Paraffin Injections for Cosmetic Purposes.

Experience thus far has proven that injection of paraffin under the skin to fill inequalities in the surface, or to establish any desired contour, is a practically harmless procedure. Paraffin alone is too irritating, while vaseline is too soft at the body temperature to retain any definite form, besides being open to the objection that it is gradually absorbed by the lymphatics. Both should be combined in proper proportion to yield a compound having a melting-point about seven or eight degrees above the normal body temperature. It is necessary to have the melting-point high enough not to be reached in any ordinary febrile condition. Dr. Parker's suggestion of a melting-point of 102° F., hardly fulfils this requirement, as there are many diseases that have a temperature beyond this. In using it the melted compound is drawn into a syringe, which is then allowed to lie in hot water until needed. The syringe and contents are allowed to cool until the latter reaches a gelatinous consistency, when it is slowly injected under the skin and distributed as desired, the parts being molded into the requisite shape by the fingers. The results are practically permanent.

We have rarely to deal with a simple affection of only one tissue or organ; hence, as Jacobi says, the theoretical demand for only one remedy in a prescription sounds well on a platform as an ornamental trimming of an impressive address to the young, but gives one but a poor show at the bedside. A daily increase of skill in combining remedies suitable to various diseased conditions is the growing capital of the physician, obtained only by experience and close observation.

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Intelligence Located in the Left Frontal Lobe.

Dr. Charles Phelps, in the *American Journal of the Medical Sciences* of April, 1902, summarizes forty-six cases of brain injury, of which he reports eighteen in detail, invariably showing impairment of intelligence when the left frontal lobe was injured or affected by disease, while in those in which the right frontal lobe alone was involved, intelligence remained unaffected except upon the supervention of coma or secondary inflammatory conditions. The location of the injury, tumor, etc., was generally, though not always, in the left prefrontal lobe. These cases are quite conclusive as far as they go, and very significant.

The Therapeutic Value of Brewers' Yeast.

Brewers' yeast contains nuclein and nucleinic acid, and has decided phagocytic (germ-destroying) action. These properties alone make it extremely valuable, not only in the treatment of diseases of germ origin, but in other conditions of low vitality, particularly of a chronic order. It also makes an excellent wash or douche for catarrhal and purulent surfaces. It is necessary, however, to have it perfectly fresh, and it should be obtained daily from some brewery. Several ounces may be taken internally *per diem*.

Ballooning for Anemia.

Dr. Naugier, of Paris, has found that balloon ascensions markedly increase the number of red blood-corpuscles in patients who are anemic. The improvement lasts for a week or ten days. Five ascensions in fifty days are more effective than a three months' stay in the mountains. Fortunately, also, these good effects are immediate, and are nullified, rather than improved, by a long stay high in the air, this in fact sometimes setting up a harmful irritation. Assuming the doctor to be correct in this announcement, a captive balloon would be a valuable adjunct to many a sanitarium.

A Danger in Using Rubber Gloves in Operations.

Dr. Emery Lanphear, of St. Louis, reports an interesting and instructive incident in the *American Journal of Surgery and Gynecology* of February, 1901. During an abdominal operation in a poor artificial light he accidentally cut the ovarian artery beyond its ligature. He quickly compressed the bleeding point with a finger of his rubber-gloved hand, thus stopping the bleeding, while his assistant placed about the vessel a chromicized catgut ligature. But the ligature caught the tip of the finger of the glove and cut it off, tying it to the vessel. The patient did not do well. A bulge was found in the vagina on the tenth day, which was large enough on the fourteenth to be felt above Poupart's ligament. Vaginal incision under chloroform brought away a gush of blood followed by "a mass of half-organized clot surrounding the piece of rubber still held in the grasp of the ligature."

Thus, while a rubber glove has its seeming advantages, it adds dangers to operations done with it.

Saline Treatment of Exophthalmic Goiter.

Joseph Sailer (quoted in *Medical Record*) considers sodium phosphate our most useful remedy for this condition. The dose should be from one to four drams daily, guarded, if necessary, by some mild astringent, such as aromatic sulphuric acid.

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Brief Points in Medicine.

In pediculosis corporis and pubis, every louse may be instantly killed by bathing the part thoroughly with ether or chloroform. The fumes are too disagreeable in pediculosis capitis, but ordinary kerosene oil may be used, washing the head thoroughly after the application.

In small fistulas, try passing a probe wrapped with cotton dipped in formaldehyde. The severe smarting is only momentary, and granulations soon appear.

In herpes zoster, paint the affected parts with flexible collodion to which four grains of morphiue to the ounce has been added. It promptly relieves the burning; and, being antiseptic, induces rapid healing under the film.

When protoiodide of mercury fails you in syphilis, try mercury with chalk. One to six grains daily are well borne by the syphilitic.

Remember that tremors may be toxic or hysterical, as well as organic; search for alcoholic or mercurial poisoning also, before making a diagnosis.

In the constipation of children, massage the bowel; feed liberally of pure butter; give juice of stewed prunes; advise liberal exercise and the drinking of large quantities of water; impress upon the nurse the importance of regularity, and you will seldom need to administer laxatives.

Keep your hands and finger-nails as scrupulously clean as you do your curettes and bistouries; it always pays.

A good atomizer and proper liquid vaseline to use in it, if used faithfully, will often obviate the necessity of nasal operations for hypertrophied turbinates and incipient polypi.

Nitrate of silver is valueless as a caustic when more than superficial results are desired.

Every rectal enema is more efficient if glycerin or castor oil be added; an ounce of either is none too much.

Vaporize pure cider vinegar in the room occupied by cases of bronchitis of the aged or of the infant. This measure often acts well in pneumonia. Keep it steaming over an ordinary lamp or gas-jet.

Use the cotton jacket in every case of bronchitis and pneumonia in children. It acts nearly as well as the poultice, and there is no dampening of underclothing or bedding. Any desired counter-irritant may be applied beneath it, and it need only be renewed once weekly.

Diluted formaldehyde is our best modern wet dressing for all wounds, lesions, and ulcers. It will often encourage granulations to cover exposed bone, and no other dressing has ever done this.

Brief Points in Obstetrics.

In malaria occurring in pregnancy, use methylene-blue instead of quinine. The methylene-blue is efficient; it has no oxytocic action; it is soothing to the vesical mucous membrane; and it markedly increases the urinary secretion.

The bitter complaints so commonly heard when douching the parturient female with strong solutions of creolin, may be disposed of by protecting the anus from the return-flow by pressing a cloth or wad of absorbent cotton firmly against it. In this way solutions of five drachms to the quart are tolerated without complaint, when one drachm could hardly be endured without this protection.

Prof. Barton Cooke Hirst insists on his students remembering and having in readiness the following facilities for treating post-partum hemorrhage. They are to be used in order as given. (1) External stimulation of uterus by kneading motions. (2) Internal and external kneading motions by the bimanual method. (3) Ice applied inside the uterus and on the abdomen. (4) Ether thrown on abdomen, or a towel wet in cold water slapped vigorously on abdomen. (5) Carry a clean cloth, wet with vinegar or diluted acetic acid, to the fundus, and squeeze it so that the fluid will flow over the entire interior of the organ. (6) Inject water at a temperature of 115° Fahr. to the fundus. (7) Apply electrodes to fundus and abdo

men, if battery is handy (and a small battery ought always to be carried). (8) Tampon the uterus tightly with iodoform gauze. The first six procedures should not occupy more than six minutes, and generally only a few will be needed. They are used in order because of their ease and safety. Iodine, turpentine, and the styptic salts of iron are often efficient, but always objectionable, in that they form coagula which can only be broken up by putrefaction, and this exposes the patient to septic infection.

Examine every woman immediately after delivery to see that no laceration has occurred internally or externally. The skin of the perineum is often intact when serious rupture is concealed. If laceration has occurred, it must be repaired within twelve hours if union is to be hoped for, and the sooner it is done the more hope of union.

Never attempt attending placenta previa alone, if consultation and help is obtainable.

Lacteal secretion is often stimulated by a glass of hot milk, or a dish of ice-cream, midway between meals and before retiring.

As the head emerges at the completion of the second stage, if the woman be commanded to "open the mouth and breathe rapidly, and do not bear down," most lacerations will be prevented. Involuntary muscular action will complete expulsion until the shoulders are delivered, when the command "bear down" will complete delivery. This plan is preferable to any scheme of "supporting" the perineum.

The Two Drugs of Greatest Value in Pulmonary Tuberculosis.

According to the *Clinical Review*, the consensus of opinion reached at the late tuberculosis congress was that but two drugs really deserved confidence in the treatment of pulmonary phthisis, namely, creosote and iodine. They seem to exercise at least a retarding influence upon the disease.

Original Articles.

The following articles have been written exclusively to the editor and readers of this journal. Other journals republishing any of these articles will, as a matter of professional courtesy, kindly give credit as follows:—*Medical Council*, Philadelphia.

Disorders of the Sexual Function in Man.

By A. H. P. LEUF, M. D.
Philadelphia.

[TWENTY-SECOND PAPER.]

(*Organic Stricture, Continued.*)

False Passages.

False passages are apt to occur in proportion to the smallness of the instrument and the degree of force used, and only with those made of metal, or which are otherwise rigid. They cannot be made with soft-rubber bougies or catheters, except those containing a wire stilet.

Thus I was called to a case twenty-eight miles out of town. An old gentleman of seventy-five years, who had had retention of urine for several days, was attended by a local country physician who made some claims to surgical proficiency. No urine had passed for three days despite repeated attempts at catheterization with a silk catheter and stilet. At the last attempt, which was very forcible, and caused the patient excruciating pain, the instrument was broken, part coming away in two sections, and the other portion remaining in the patient. The external end was 5¼ inches long, and the other piece 3¾ inches long. The end lodged beyond the urethra was four inches long, as the entire length of the instrument was thirteen inches.

I found the old gentleman with a belly distended with gas and a large bladder. He was in very severe pain, moaning continually despite the use of anodynes, but how much I do not know. He was promptly placed under ether, and a number nine soft-rubber catheter, with stilet, readily passed into his bladder, discovering on its way a false passage at the bulbous urethra, and extending thence to the patient's right. More than three

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quarts of bloody urine escaped. The prostate was enlarged. I ligated the vas deferens on the left side.

The patient awoke quite bright soon after the withdrawal of the ether, and was entirely free from pain, and very jovial in spirits. A soft-rubber catheter was tied in place.

The operation was done by lamplight on a Tuesday evening. His temperature was normal after operation, though above it before. I left strict injunctions to be notified of any bad turn, and if the temperature rose above a hundred. His son came to me the following Sunday, and, in reply to my eager query as to how his father was, said that he would be buried on Tuesday, having died the night before. He had had a turn for the worse, gradually growing in severity, but the other physician had insisted that it would not be necessary to send for me. He was right, as shown by the post-mortem examination I made that same Sunday.

Both kidneys were in a state of suppurative inflammation, surgical kidneys. The operation site was unhealed and gangrenous. So also was the inner side of the left buttock. I opened the bladder, and made a bimanual search for the four inches of lost catheter-end, even cutting through the vesical floor or base, but in vain, the time being too limited to admit of anything but a most-hurried examination. But it could not be located by bimanual examination, probably, because of softening.

The vigorous way that catheter had to be manipulated to be broken in three places in urethram can be imagined, and the mental picture tallies with the son's description of the tall, strong, rawboned doctor's excitement, his perspiring face, and his violent plunging and twisting with the catheter and stilet. The moral of this lesson is to be gentle; coax—never force—in passing a urethral instrument.

False passages are followed by pain, bleeding, and sometimes shock. There is danger of septic infection, and urinary infiltration, with entailed cellulitis and its varied train of dangerous concomitants. Again, I say, force had better never be used in urethral instrumentation, unless by the most expert, and then only in moderation. False passages are most dangerous when they enter the vesico-rectal interspace. Sometimes false passages are undetected.

Divulsion.

Divulsion signifies rapid dilation by the separation of blades of an instrument introduced closed. The most convenient form consists of two parallel blades, separable by means of a milled headscrew. That of Otis is the best.

Divulsion may be quick enough to rupture the stricture, or slow enough to stretch it gradually. It is safest in the pendulous urethra, as the parts here more readily yield to the distensile force, whereas there is more apt to be serious rupture of unyielding and important structures in the deep urethra.

It is always best to cover the divulsing instrument with a rubber tube, so as to prevent pinching of the mucous membrane by the closing blades.

The results of divulsion are not permanent. The use of the instrument must be followed by that of sounds, at first every few days, and thereafter in gradually lengthening intervals. Otherwise a divulsed stricture might become elastic.

Internal Urethrotomy.

Strictures are cut when they cannot be sufficiently dilated, as elastic strictures, or when there is not time for this gradual process. The best instrument is Otis' divulsing urethrotome, which is merely a two-bladed divulsor operated by a milled head screw at the handle, carrying an indicator showing the extent of separation of the blades up to 45 French. The cutting blade slides in a groove, and may be attached or not, as the operator desires.

Internal urethrotomy requires precedent urethral antisepsis more than does any other of the procedures for the relief of stricture, and this for the evident reason that the section opens wide the portals for infection. The urethra should also be cocainized. General anesthesia is to be avoided because of its bad effects if there is any kidney disease, and especially

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the "surgical kidney" so likely to coexist with any stricture requiring urethrotomy.

The instrument is introduced closed. It is then opened to the requisite extent, when the knife is gently withdrawn, cutting its way through all constricting tissue. The instrument is then closed and withdrawn, care being exercised against the closing blades catching a fold of mucous membrane. A full-sized sound should then pass freely, failing in which, the urethrotome is again used to cut a wider canal. After the sound is able to pass freely, the urethra should be flushed with a hot mild antiseptic solution. The patient is then put to bed and kept there from three to seven days, or even longer if his condition seems to make this desirable.

Otis' Rule.

It is not inappropriate to give Otis' rule for determining the size to which a urethra should be dilated. It is, that a No. 30 French sound should fit a penis having a circumference of 3 inches. This should be increased one French number for each additional ⅛-inch penile circumference. Thus a 3⅛-inch penis would require a 31 French sound; a 3½, a 34; and a 4, a 38, and so on. This is not absolutely or invariably correct, but so nearly so as to be a very safe guide.

A cut-and-dilated urethra subsequently contracts a few sizes (French), so that a sound that passes immediately after section cannot safely be made to do so several days later, the caliber of the canal having shrunken several sizes. This is attributable to the recovered tone of the peri-urethral musculature after its partial paralysis from the operation.

Inflammatory exudation after operation may cause chordee, and penile deformity, especially noticeable during erection, for varying periods ranging from several days to a year, or even longer.

It is inexcusably careless to do a urethrotomy in the office, and then send the patient home. It is impossible to estimate in advance the possible cost of such a procedure. Urethral operations are sometimes followed by the most unexpectedly severe reactions, which would be much intensified by walking. It is proper, therefore, always to operate near enough to the patient's bed to permit his being carried and left there, to remain for several days.

Electrolysis.

Of all the remedial measures devised for the relief of organic stricture, none compares with electrolysis, either in benignancy, freedom from pain, ease of application, non-interference with the freedom of the patient, or certainty and permanence of cure. It is only second to the other methods in that it is not quick in action like urethrotomy and divulsion, and cannot be used by the patient, as is dilation with sounds. It is open to the objection that it requires an apparatus more expensive than a set of urethral instruments, and necessitates a knowledge of electro-therapeutics that is the exception rather than the rule among physicians. But these are factors that tend to make their possession all the more valuable to their owner, especially in country districts devoid of specialists in genito-urinary diseases.

Outfit Needed.

1. *A galvanic battery.* This should be portable, constant in action, and as little troublesome as possible to keep in order, a first-class dry-cell battery being the best. It should be connected with a milliameter. A current-controller is also desirable, though not absolutely necessary, because the current used is too mild to have the addition of a cell at a time at all objectionably perceptible. Good conducting cords of ample copper supply are very essential.

2. *Diagnostic bougies* for the location of strictures, and the determination of their caliber and length, should be made of whalebone or some other non-metallic substance. The stem should be slender to insure flexibility, and the head should be olive-tipped.

3. *Electrodes* should be properly made, consisting of one piece of metal having a thin stem, covered with hard rubber, connecting the tip with the handle. Removable tips that screw on and off should be avoided. The Newman electrodes are

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sure to be right. They are very light, and their handles as well as shafts (externally) are made of hard rubber. There are four kinds recommended by Newman.

(*a*) Egg-shaped electrodes for most common use, having a short curve. The set comprises Nos. 11, 14, 17, 18, 20, 21, 23, 25, 27, French.

(*b*) Acorn-shaped electrodes, without curve, for use in the first six inches of the urethra. The set consists of Nos. 15, 17, 20, 22, 25, 27, French.

(*c*) Tunnelled electrodes have a canal or tunnel through the tip, so that it may pass over a filiform bougie against and through a tortuous stricture, of course gradually and slowly by electrolysis, not force. The sizes are Nos. 9, 11, 14, 17, 20, 21, French.

(*d*) A tunnelled catheter electrode should also be included in a full set of urethral electrolytic instruments, as by its means a filiform guide conducts the electrode through an otherwise practically impervious stricture, and the retained urine may be drawn from the bladder after it passes the urethral obstruction, thus avoiding the necessity of subjecting the sensitive and irritated canal to the injury likely to result from the immediate passage of another instrument. At the same time the bladder can be washed out through the same instrument.

Important Rule.

Galvanism aggravates a spasmodic stricture, while it cures an organic one. It is, therefore, very necessary to be sure of the nature of the constriction before beginning its treatment.

How to Do Urethral Electrolysis.

Be sure that the stricture is organic.

There must be no acute disease of the urethra or any of its immediate adnexa.

The size and location of the stricture to be operated upon must be accurately known.

Anesthetics are contra-indicated, because the right operation is not painful, and the sensations of the patient constitute a valuable guide.

It is not necessary to use an antiseptic in the urethra, though it is sometimes policy to do so.

The battery should be in good working order, and the poles should be identified, so that no mistake is made in using the wrong pole.

The negative pole should be connected with the urethral electrode; the positive should be of carbon or felt, and placed upon some indifferent point, as the hand or buttock or thigh.

The electrode (negative — kathode) should be lubricated with glycerine, as this is a good conductor of electricity, and passed down to the stricture, against which it is held in gentle (not forcible(contact by the patient.

When the circuit is completed the current is turned on, and its strength increased cell by cell until there is a feeling of slight warmth and tingling, or until the milliameter shows 4 or 5 ma. of current, beyond which it is never safe to go.

The current should pass for from 5 to 20 minutes.

The current strength should range from 2 to 5 ma.; never higher, and preferably at about 3 ma.

After the electrode passes the stricture, which it sometimes does with a jump, it is continued into the bladder. In its withdrawal it is again obstructed at the site of the stricture, against which it is gently held (never forcibly) until it passes by electrolysis.

No other instrument should be passed into the urethra after electrolysis.

Urethral electrolysis should not be attempted oftener than once a week, and not that often if there is any remaining sensitiveness reasonably attributable to the preceding operation.

The electrode must not be removed until after the current has been reduced to zero as gradually as it was increased.

Always recollect the rule in electrolysis to be, "Weak currents at long intervals," and that the object is to absorb, and not cauterize, the stricture.

The patients may assume any position. I prefer their remaining seated or semi-recumbent.

2353 N. Seventeenth St.

[THE END.]

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The Medical Management of Appendicitis.

By J. W. IRWIN, M. D.
Louisville, Ky.

The management of appendicitis requires on the part of the medical attendant an accurate knowledge of the anatomy of the appendix vermiformis ceci and the cecum itself. Special attention should be paid to the small opening from the cecum into the appendix, which is sometimes partly closed by a fold of the mucous membrane known as Gerlach's valve. There is no anatomical difference in the structure of the appendix and the cecum, except perhaps a greater number of glands in the former.

The appendix is made up of four coats, usually a single artery, a vein, nerves, and lymphatics, and it is three or four inches in length, and about the size of a pipe-stem. Its uses in man are not clear, and it is sometimes absent. Darwin, in his work on "The Descent of Man," refers to it as the useless rudiment of the cecum. Its absence in the orang-outang and wombat has left a hiatus between monkey and man in the story of evolution.

Hæckel refers to the appendix, in his work on "The Evolution of Man," as a "rudimentary organ" which, in our plant-eating ancestors, was larger and of physiologic value.

The cecum in man is about two and one half inches in length, but in some of the lower animals it is several feet in length. An instance of its great size will be found in the marsupial kaola. This little animal is about two feet in length, and its cecum is upward of six feet in length.

Before Reginald Fitz, of Boston, in 1886, called attention to appendicular disease and advised for its cure the early removal of the appendix, disorders in and about the caput coli were generally diagnosticated and treated as typhlitis and perityphlitis, but since his observations were published, and those of McBurney which appeared five years later, abdominal surgeons have sprung into existence everywhere and with great rapidity, to meet and contend with the ravages of a disorder which is not new and not very fatal, typhlitis and perityphlitis are lost sight of.

It may be said that many people are alarmed by reason of the numerous hospital and private reports of appendicular diseases which appear in the newspapers; everything in the form of colic causes a fear akin to madness that the dread disease has seized them. The surgeon in such cases, though he be a mere tyro, finds willing subjects when he offers with an easy facility to open the abdomen and make the cure. If the patient survives the operation, it was timely and a great success; but, should a fatal result follow, we hear of the successful operation and at any rate that the surgeon was summoned too late. Surgeons are never summoned to a case too early, although some advocate early and others late operations in appendicular diseases, as the character of the affection appears to them. The family physician or general practitioner responds to a summons to a case uncomplainingly at any time, no matter what stage the disease has reached. It is a well-known fact that the mortality of appendicitis when treated medically does not exceed ten per cent., while surgical treatment shows a far greater death-rate.

In the treatment of appendicular diseases the surgeon and physician should come to a happy medium, as extremes in any direction are usually wrong procedures. Every case should be studied and treated on its merits according to the best information afforded. Fulminant cases are not good ones to treat from either the surgical or the medical point of view, no matter how early the diagnosis is made out, for serious involvement of important tissue often precedes the leading symptoms of the disease. At the outset of the attack, pain is not always localized in the right lower quarter of the abdomen, and although it may later center there at or near McBurney's point in four fifths of the cases, in the other fifth it will be more intense elsewhere. The symptom complex in all cases must be considered before reaching a conclusion sufficiently accurate to justify an exploratory incision

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even in the fulminant or the most severe form of the disease.

Every grade of inflammation of the appendix vermiformis ceci, from the mildest catarrhal affection of its mucous lining to the most severe phlegmonous disorder of all its coats, resulting in gangrene and perforation, may be met with. The attack may come on suddenly and the suffering be intense from the beginning; even signs of fast-approaching dissolution may be present, or the symptoms may at first be mild, and several days may elapse before enough evidence of the disease is established to justify the diagnosis. The differential diagnosis from typhlitis and perityphlitis should not be lost sight of, and this is of especial interest in the absence of a tumor in the appendicular region. Impaction of the colon and cecum is suggestive. When it is remembered that inflammation of the cecum may extend to the appendix by continuity of surface, the early diagnosis of cecitis is important.

When it is reasonably apparent that the patient is suffering from appendicitis, as indicated by pain in the lower right quarter of the abdomen, with or without a tumor or fever, and contraction of the rectus abdominis muscle, he should be put to rest and the importance of rest should be made clear to him. The bowels should be thoroughly emptied by a large dose of castor oil, and, if necessary, colon enemata should be administered. All gases and offending substances should be removed.

Diet is of great importance. At first it should consist of nothing more than strained soups, consomme, or bouillon. If milk is given, it should first be peptonized. Later, food that digests readily in the stomach may be given. All articles of diet that tend to increase fermentation should be avoided.

Pain should be relieved by the application of ice poultices, or the hot-water bag, as may prove to be the most agreeable to the patient. In no event should opium or its derivatives be employed until other means have failed to afford relief. The bowels should be kept free from gas by the use of enemata, or, if need be, laxatives, such as castor oil, magnesia, or cascara, may be used. An occasional laxative dose of calomel will do no harm.

It should be remembered that appendicitis, like all other inflammations, tends to resolution by the *vis medicatrix naturæ*, and, if we can aid the efforts of nature, the result will be satisfactory in nearly every case.

Should local applications fail to relieve the pain, antipyrin or phenacetin should be given. The slight fever which is usually present will also be relieved by the use of these remedies. One-fourth or one-half grain doses of calomel should be given every third hour. As the fever, pain, and swelling subside, the calomel may be discontinued, and some preparation of iodine may be given. The syrup of hydriodic acid in drachm doses may be given every four hours, or the iodid of potash in ten- to thirty-grain doses every fourth hour may be given. Later in the course of convalescence, syrup of iodide of iron may be indicated. In several instances I have obtained good results from the use of salol or salicylate of soda. Salol given in divided doses to the extent of one drachm a day, or salicylate of soda four drachms daily for the first day or two. The patient should be kept in bed and at rest until all symptoms of pain and tumor, if one should be detected, have disappeared. The steady use of alteratives for several weeks after the patient is well enough to resume his former habits will tend to prevent relapses.

In the fulminant form of appendicitis, surgery resorted to early would appear to offer the best results. When abscesses form at any stage of the disease, they should be evacuated; but it should also be remembered that when abscesses form within the appendix there is a likelihood of their rupturing and emptying into the cecum, as the mucous lining of the appendix is less resistant than its cellular and muscular coats. In the recurring form of appendicitis, the best time for operation would be between the attacks. It should also be remembered that it is often hard to differentiate between the various forms of appendicitis, and on this account many cases have been subjected

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to surgical treatment that would no doubt have gotten well without it.

During the last twenty-nine years I have seen and treated upward of one hundred and fifty primary cases of what was then known as perityphlitis, later and now appendicitis, without having to resort to surgical means, and have had to record but two relapses, both patients surviving, and a single death.

Death came in the one case near the end of the second week of the disease in a gentleman forty-six years of age, who was also the subject of heart trouble, the result of years of dissipation.

I believe that overeating, fatigue, and catarrhal causes conduce to appendicitis in the great majority of cases.

Treatment of Fractured Thigh.

By H. D. SENIOR, M. B., F. R. C. S. (Eng.)
Philadelphia, Pa.

The difficulties presented to the practitioner by cases of fractured thigh in heavy adults are only too well known. The patient is confined to bed for nine weeks at least, and, even where a trained nurse can be employed, the changing of sheets and the use of the bedpan is not only extremely difficult, but gives rise to constant disturbance of the uniting ends of bone. I am referring now to the ordinary methods of treatment by weight-extension, with or without the long splint. The method I am about to describe is not new, it is Hodgen's method. I have used it many times in practice, and found the patient easy to manage at home without a trained nurse, where one could not be obtained, and have never had measurable shortening in thighs treated by it.

The Splint,

shown during application in the diagram, consists of an iron wire from three-sixteenths to one-fourth of an inch in diameter, and can be made by any blacksmith in a few minutes. By adding 14 inches to double the length of the limb the required length of wire is obtained. For instance, if the sound limb measures 32 inches from pubes to sole, 78 inches will be the length. The wire is doubled into the shape of the letter **U**, making the limbs about five inches apart; two more pieces of wire are now cut 12 to 14 inches in length, flattened at the ends and fixed, one near the free ends of the wire and one between this and the rounded end of the **U**; they preserve the shape of the splint, and are curved so as to leave the sides of the splint about five inches apart. Four hooks (A, B, C, D) are made and put on the splint just below the cross-pieces.

This splint will do for either limb, and the measurements given will fit all thighs except very long or very short ones.

The Suspension Apparatus.

A piece of 2x4 timber (commonly used as "studding") is cut slightly longer than the width of the bed. If possible, the latter should be a three-foot wooden or iron cot, with boards placed transversely below the springs, and the whole covered by a good hair mattress; two more pieces of 2x4 are cut four inches long and nailed on the first piece so as to elevate the foot of the bed four inches from the floor (see diagram). A hole two inches square is now cut in the cross-piece six inches to one side of the middle to take the shaped end of another piece of 2x4 about seven feet in length. The long piece is "stepped" into the hole so that its two-inch side rests on the foot of the bed; it is secured there by a few turns of bandage.

To Apply the Splint.

Cut a strip of adhesive plaster two and a half inches wide and long enough to reach as high as the head of the fibula on either side of the leg and to leave a loop below the sole sufficiently ample to take a "spreader" as broad as the plaster and three and a half inches wide; perforate "spreader" and plaster, and thread a piece of stout window cord through the hole and secure on the side towards the sole by a large knot. Apply plaster to bare skin, put a spiral of one-inch plaster around leg over it, and secure the whole by a bandage (the latter is not shown in diagram). The splint is now placed on the bed with the fractured limb inside of the **U**. Adjust wire so as to be one inch

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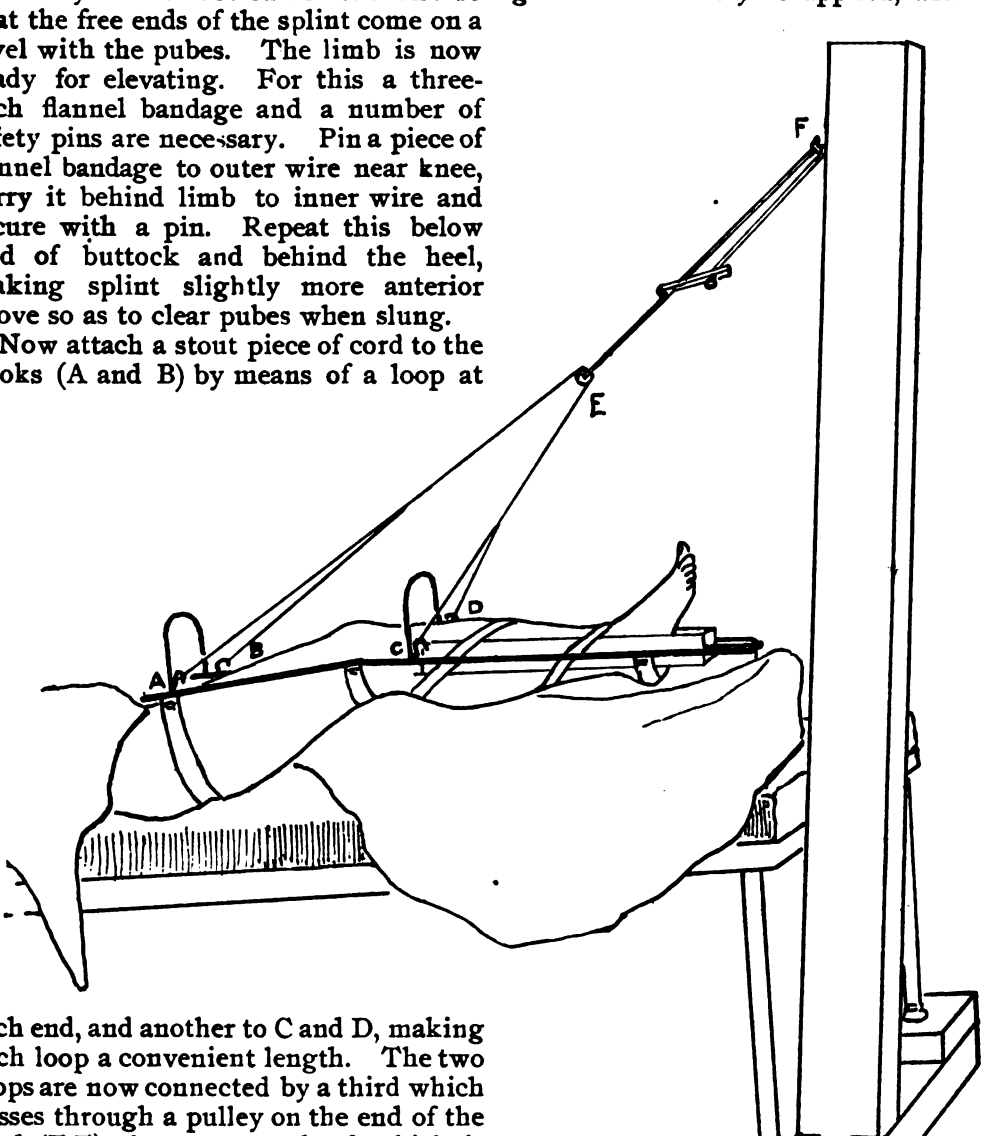
from the limb on either side; bend it slightly at knee and tie the cord connected with the adhesive plaster to the concavity of the foot end of the wire so that the free ends of the splint come on a level with the pubes. The limb is now ready for elevating. For this a three-inch flannel bandage and a number of safety pins are necessary. Pin a piece of flannel bandage to outer wire near knee, carry it behind limb to inner wire and secure with a pin. Repeat this below fold of buttock and behind the heel, making splint slightly more anterior above so as to clear pubes when slung.

Now attach a stout piece of cord to the hooks (A and B) by means of a loop at each end, and another to C and D, making each loop a convenient length. The two loops are now connected by a third which passes through a pulley on the end of the cord (E F), the upper end of which is attached to a hook in the pole and can be lengthened or shortened by a contrivance similar to that used on a tent rope. By shortening E F the limb is elevated until the deformity caused by the lower end of the upper fragment is overcome. A cradle is made for the limb by strips of flannel like the three already attached, arranged so as to overlap from heel to buttock (only three are shown in the diagram).

The apparatus is now complete. Splints around the fracture are not not necessary; but, if preferred, an anterior splint from groin to knee may be applied, with one on either side at the back, the whole being secured by a starched bandage and left untouched.



In compound fractures the wound can be easily dressed without disturbing the splint. If the wound is at the back, two

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or three strips of flannel are removed, the dressings changed and the support renewed, elevating the limb so as to give a better view during the procedure, if necessary, by shortening E F.

In this splint extension is made by the patient's own weight, the original shortening disappears in a few days; by raising himself on his elbows, the patient can assist while a clean sheet or the bedpan is put under him.

Although the description appears complicated, the materials can easily be gotten anywhere, and, once possessed, are ready for a fracture in either limb. The cords for suspension should be kept, for, with everything at hand, a very few minutes suffices for the application of the splint.

3705 Powelton Avenue.

Dr. Senior will give "**Treatment of Fractured Thigh in Infants and Children**," illustrated, in our January issue.—ED]

Close of Dr. Leuf's Series.

In this issue appears the concluding chapter of Dr. Leuf's "Disorders of the Sexual Function in Man." This series has excited considerable interest among the profession on account of its very strong points, clear and direct information in regard to diagnosis and successful treatment. Beginning with a terse description of the normal physiological functions, it takes up in order the various disabilities and diseases.

Dr. Leuf's article for our January, 1903, number will be upon "**INSANITY: PRACTICAL SUGGESTIONS ABOUT ITS EARLY RECOGNITION.**"

Correction.

In our November issue, the reference to article on "Adhesive Plaster to Prevent Laceration of Perineum," should be credited to Dr. George H. Noble, Atlanta, Ga., instead of Dr. Chas. P. Noble, Philadelphia.

We have on hand for January issue an article entitled, "**IS THERE A TREATMENT FOR TYPHOID FEVER?**" by H. A. Carrington, M. D., Bristol, Conn.

"I am pleased with THE MEDICAL COUNCIL. I like such departures as you permitted Dr. Proud to make. I am also pleased with the 'Physician's Pocket Account Book.' I am getting old, and I am glad to get my accounts so compactly collected together that they will be easily understood by others; it is just what I needed."—*John H. Oatley, M. D., New Philadelphia, Ind.*

Scarlet Fever.

Some Observations Upon the Epidemic of 1901-2.

By W. P. BRADLEY, M.D.
Palo Pinto, Mo.

No ideas will be advanced as to the etiology or pathology of this disease, nor shall I give any finespun theories as to treatment, for when you get into an epidemic of scarlatina, as I did last winter, you will find that "a condition and not a theory" confronts you.

As we all know, scarlet fever is somewhat variable in its mode of action. Some epidemics are mild, with perhaps not the loss of a single life, while others are very severe, the death-rate reaching a high percentage of those attacked. Then, too, an epidemic that begins in a mild form may very suddenly become severe, and even in the same family, where there are several children, it is possible to see all grades of the disease. Last winter I well remember attending a family of six children, ranging in age from two to seventeen years, all of whom were attacked by scarlatina, and they presented almost every grade of the disease, from that so mild in form that the child was not forced to take his bed, to one so severe that death closed the scene on the seventh day of the disease.

There are many interesting things that might be said relative to the epidemic that was prevalent in this locality last winter, but believing that more is to learned from the study of a disease in the concrete than in the abstract, I shall confine myself to the description and treatment of one case.

On February 20th I was called to see two children belonging to the same family, a boy of three and a girl of eleven years. Several hours previous to my visit the children had been suddenly stricken with vomiting, and when I saw them the vomiting had abated, but they were very restless and their temperature was high. My diagnosis was scarlet fever and I told the family that the rash might be expected the following morning. There was another child in the family, a

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baby three months old, and as all the books I had ever read on scarlatina said that children of this age seldom or never contracted the disease, I felt safe in telling the family that the baby would perhaps not be attacked; but in this I was disappointed, for the child promptly contracted the disease and had it in a rather severe form. The little boy of three years had thedisease in a very light form, and after the first day was not confined to his bed. He received but little treatment other than close attention to prevent contracting cold during convalescence.

The little girl was in a dangerous condition from the beginning of the disease, and by the fourth day we had little hopes of her recovery. She presented all the symptoms of scarlet fever in its severest form; a temperature that varied little from 105°, except when reduced by sponge bath; an irritable stomach with no appetite; a typical "strawberry tongue;" an intensely sore mouth and throat, with an exudate and membrane resembling that of diphtheria; and a rash of an intense and fiery red that covered the entire body. On the fifth day of the disease the child was in a semi-comatose condition, and it was with difficulty that she could be sufficiently aroused to take medicine and nourishment. Counsel was requested and obtained. The consulting physician gave an unfavorable prognosis; in fact, he thought the child would die in a very short time. No change of treatment was suggested other than an additional spray for the throat, which was promptly given.

Of the various treatments given by me during the epidemic last winter I know that I got better results from the treatment given this patient than from any other, and had any other treatment been used than the one selected I feel confident that the child would have died. I give the treatment in full, feeling assured that those who give it a thorough trial will be well satisfied with results.

Treatment.

The patient was kept in a well-ventilated room, all drafts being avoided, and the atmosphere kept saturated with carbolic acid on cloths hung about in the room, and turpentine fumes produced by a can of water and turpentine kept simmering on the stove. No one was allowed in the sick-room except the physician and nurses.

For the itching and burning sensation of skin an application of vaseline was used once or twice daily as necessary. Nourishment, consisting of milk, egg-nog, and broths, was given every four hours day and night, but in very small quantities.

The internal treatment consisted of quinine (grains ij) every four hours, and the following:

℞ Acidi boric . . . . . ʒj
Tr. ferri chloridi . . . . . ʒiv
Glycerini,
Syrupi . . . . . āā ʒj
Aquæ . . . . . ʒj

M. Sig.—Teaspoonful every four hours, and nothing to be taken in mouth for one-half hour after administering.

Locally the following sprays were used:

℞ Listerine . . . . . ʒj
Sodium bicarb. . . . . ʒss
Aquæ . . . . . ʒj

M. Sig.—Spray tongue, mouth, and throat thoroughly after each feeding.

℞ Tr. ferri chloridi . . . . . ʒiv
Potassii chloratis . . . . . ʒj
Aquæ . . . . . ʒjss

M. Sig.—Spray throat thoroughly every two hours, and allow nothing in mouth for some time after use.

Under this treatment the patient commenced to improve slowly about the ninth day of the disease, and after a long and tedious convalescence entirely recovered.

As so often happens in this disease, the child had otitis media of both ears, and the exfoliation of the skin was so great that the patient literally peeled off all over, even losing the nails from all her fingers and toes.

What I wish to emphasize in this article is this: That I have never yet seen a severe case of scarlet fever without intense throat complications, and I believe that most of our treatment should be directed against the germs that are located in the mucous membrane of the throat and tonsils, for it is here that t

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ptomain poisoning is entering the system, and the best method for preventing this is the use of a spray that will have not only an antiseptic but an astringent effect as well. The remedy that will best comply with both these conditions is as old as the hills, and ofttimes forgotten, but my advice to you all is to use the "old-time" solution of chlorine, and be convinced of its efficacy.

Asthma.

By DAVID CURTIS RONEY, M. D.
Milan, Ind.

In considering the subject of asthma it would be rather an easy task were we to confine our investigations to the disease as defined by our textbooks. Osler says it should be limited to the affection known as bronchial or spasmodic. Tyson and Bartholow both make a similar statement. The definitions found in medical dictionaries and encyclopedias are all more or less misleading. They generally make the vague statement that the etiology is obscure. Before we attempt to formulate a definition of this obstinate malady, let us first inquire into the cause.

We find it in the neurasthenic, in the dyspeptic, in the hay-fever patient, in the one with enlarged turbinates or nasal polypi, in patients with cardiac or uterine disease, in hysteria, dentition, worms, bronchitis, laryngitis, and all the different renal and hepatic diseases. In addition, let us not overlook our friends that attribute every form of disease to the uric-acid diathesis; it is the writer's opinion that they are getting near the cause of a great majority of asthmatic conditions. This cause is faulty elimination. If we could put the sewerage system of the animal economy always in condition to properly eliminate the metabolic products, such as toxins and ptomaines, we would hold the key to the situation in most of these cases.

Just a thought along this line as we are passing. Did you ever think what a complex chemical laboratory the human body is? How it manufactures both poisons and antidotes? What a field for future investigation, and how little we know about it! Vaughn and Novy, in their new edition of Cellular Toxins, classify a number, but admit that the field is as yet unexplored; but, as our space is limited, we will not follow this line of thought further, however fascinating it may be.

Asthma may be defined as a condition of paroxysmal dyspnea depending on some other pathological condition. It is not a disease *per se*, and should not be so classed any more than a cough or a dropsy. In *Merck's Archives* for December, 1901, Professor Bjorkman, after classifying asthma under a dozen different heads, with several subdivisions under each head, says: "Having made a careful study of these facts, it must be evident to any one that to become both a good diagnostician and successful therapeutist of asthma, a physician should be thoroughly acquainted with nearly all the special branches of medicine." Judging from the consideration of asthmatic conditions, as given in our present textbooks, the above is true; but when authors place neurasthenic asthma in the chapter devoted to neurasthenia, bronchial asthma in the chapter treating of diseases of the bronchi, cardiac asthma with diseases of the heart, etc., then will the general practitioner be better prepared to cope with this many-sided evil.

Now, just a word about treatment. If our premises are correct regarding the cause and manifestations of asthmatic conditions, the prescriptions would necessarily be many. They *are* legion. If we had them all compiled and in book form the volume would undoubtedly compare favorably in size with the U. S. Dispensatory or Webster's Unabridged.

When confronted with a patient suffering with asthmatic dyspnea, the great desideratum is to give quick relief. The drugs recommended for this are many. I might mention chloroform, chloral, nitrite of amyl, nitroglycerine, nitrate of sanguinaria, hyoscyamine, the different asthma powders, etc. After giving them all an impartial trial, I have never found anything more effective than a hypodermic

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injection of morphine with pilocarpine nitrate.

Of course the after-treatment will depend on the particular cause, and generally this is more difficult to find than to formulate a proper prescription.

If this short and imperfect paper shall be the means of inciting the reader to greater research in the field of physiologic chemistry it will have served its purpose.

Ginger.

By W. O. BUNNELL, M. D.
Wilkes-Barre, Pa.

Some months ago I started to write a series of articles on some of our common remedies found in all homes, but, after writing a few articles, I was called to take night-charge of a hospital, and as I had my hands full I had to stop writing at that time. But now that I have a little more time to myself I will take the subject up again.

Often, when away from home, we are called to treat a friend for some simple disease, and not having our medicine cases with us, and no drugstore near, we are at a loss what to do. But if we understand some of the common remedies that we can find in almost all homes, we are often able to treat our case and sometimes able to save life. The next common remedy I have found I could use very often is ginger.

The part of the plant used is the root. This is a native of Asia, America, and and Sierra Leone, Africa. The black ginger comes from the East Indies and the white from Jamaica. We find it in the homes in two forms, in the root and powder. Age and exposure impair the active properties. Water, proof-spirit and alcohol take up the virtues of ginger. The oil of ginger may be obtained by distilling ginger with water. It is pale yellow, very fluid, of sp. gr. 0.893; boils at 475° Fahr.

Properties and Uses.

Ginger is a stimulant, rubefacient errhine and sialagogue. When chewed it increases the flow of saliva, and when swallowed it acts as a stimulating tonic, stomachic and carminative, increasing the secretion of gastric juice, exalting the excitability of the alimentary muscular system, and dispelling gases accumulated in the stomach and bowels. It is often used to disguise other drugs, concealing their nausea or preventing their tendency to cause tormina. When taken into the nostrils it causes severe sneezing. It is used in combination with astringents or other agents in diarrhea and dysentery. Forty to 50 grains of ginger in a cup of hot water at bedtime will break up a cold. In diarrhea and dysentery I give 15 to 20 grains in hot water every two or three hours with good results. In dyspepsia 10 to 20 grains in a cup of hot water before meals will often give a permanent cure. Ginger formed into a plaster with hot water and applied to the head will relieve a violent headache. The ginger plaster is good for lame joints, lame back, pain in stomach or bowels. Apply a thick coat and cover over with a paper to retain in place.

I have only given a few of the many uses for this valuable remedy. By a little study one will be surprised to find that we have common remedies that will fill the place of expensive ones, and will give as good results.

32 N. Washington St.

M. Tuffier has made many punctures in the lumbar region to establish the correctness of the diagnosis of fracture of the skull when its existence was doubtful. The cerebro-rachidian liquid is almost always discolored with blood in cases of fracture of the base of the skull, and the great or less discoloration of the liquid is in proportion to the gravity of the lesion. These punctures may also have some value from a therapeutic point of view, as enabling a differential diagnosis in other diseases.

If there is any subject which you think is not sufficiently clear in the minds of the profession in general, give us your opinion in regard to it and we will endeavor to have it plainly and practically treated by a capable practitioner and writer.

Communications.

Multilocular Ovarian Cyst.

TO THE MEDICAL COUNCIL:

In these days of laparotomies, vaginal hysterectomies, ventral fixations and total extirpation of the uterus and appendages, it is seldom that an ovarian tumor reaches sufficient size to determine whether it is multilocular or unilocular without the aid of a microscope.

But, occasionally, one escapes the vigilance of the gynecologist and attains a considerable size, and sometimes gives no little concern to the surgeon in the matter of diagnosis and treatment. As is well known by the student of gynecology, a multilocular cyst begins as a collection of unilocular cysts, which by a process of adhesion developed side by side in an irregular mass, each separate cyst or loculus often containing fluid of a different color and consistency. They usually arise from the oöpharium, while the unilocular cyst may arise from the paroöphoron or parovarium. The multilocular cyst is more prone to adhesions and to suppuration than the unilocular, and in general causes more pain and disturbance than the latter.

They may attack one or both ovaries. They are difficult to remove on account of the numerous adhesions within the pelvic viscera, and, when removed, are more likely to produce serious after-results in the form of fistula and cancerous degeneration, while ovarian cysts in general develop during the period of greatest sexual activity in women.

The multilocular cyst has been an exception in my experience, occurring usually in women past the climacteric. With these few remarks, gained by diligent search from the different authors and personal observation, and without any attempt to go into the etiology or pathology of the disease, I will proceed to describe a case which came under my care in the year 1896, which will illustrate the subject under consideration.

Mrs. G. N., a woman about 53 years old, had been suffering extreme pain from a tumor growing in the pelvis. For some months before coming under my care, she had been under the care of some of the best physicians in the State, but no physician would undertake to remove the tumor, because it was thought to be of a cancerous nature. I coincided with the physicians previously consulted, that this tumor was malignant, but, owing to the urgent request of the patient's husband and daughter, as well as herself, with five physicians present we proceeded to operate. We found the intestines, bladder, uterus, and abdominal walls one entire mass of adhesions. So formidable was the appearance that we would not undertake to separate them and get down to the tumor itself. The several physicians present agreed that it was undoubtedly malignant.

The abdominal wound was closed, and healed nicely, but in two weeks the patient died from exhaustion, due to encroachment of the tumor. We were then allowed to make a post-mortem examination, and, to my surprise, found it possible to separate the intestines and remove the tumor, which was attached to both ovaries. The question arises, Would we have been justified in removing this tumor?

In my opinion, had the operation been done before the patient became so emaciated, she would have stood a good chance to recover. It is an axiom with gynecologists, that the sooner an ovarian cyst is removed, the better for the patient. I believe this especially true in multilocular cysts. I believe all treatment, medically, locally, or electrically, has no influence upon them whatever. Therefore, the earlier the patient gives her consent to the removal, the better are her chances for recovery.

T. S. W., M. D.

Waldo, Kan.

As a medical college is always glorified by the professional success of its Alumni, so we feel a deep interest and a justifiable pride in the steady advancement of old COUNCIL subscribers—and many of them are advancing steadily and rapidly, and we receive letters from them attributing the better work they are able to do from year to year to the earnest, practical post-graduate course which they get in THE COUNCIL.

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A Plea for the Active Principles, Accurately Measured.

To The Medical Council:

In the number for November 8th, the editor of *American Medicine* has an article on the "International Standard for Potent Remedies," based upon the differences which exist in the various pharmacopeias in the strength of the tinctures of the "potent drugs." It is all very well, perhaps, for people who persist in using imperfect preparations that they should desire to have them more nearly uniform than they are, but at the very best they will still be but imperfect preparations, and the question very naturally occurs, why persist in using such imperfect articles when there is a much better way? Everyone will admit that the practice of medicine is uncertain enough at the very best; why continue to add to the inevitable that which may be eliminated? Tincture of aconite owes its power to the aconitine it contains; now as this is notoriously uncertain in quantity in the plant, it would seem to be the dictate of a very common sense to avoid this uncertainty by using the active principle itself. But we are met with the plea that aconitine is a very powerful remedy, and ought not to be used in its full strength, because of the danger attending its use; but is not strychnine also a very potent remedy, and who hesitates to use it on that account? After all, the difficulty is not in the danger of these drugs, but in the conservatism which refuses to be turned out of the old ruts. In all other branches of the profession men are seeking for "arms of precision," and when found are glad to use them; how shall we account for the obstinacy with which men will adhere to the old ways in therapeutics? Perhaps the want of faith in the ability of drugs to aid in recovery from disease has some weight, as some of the more distinguished teachers seem to be nihilists, in that line at least; but with many it is the unwillingness to turn away from the old paths for fear of being accused of running after new lights, as though it were a sin to seek a better way even if it is new! Why not take the "better part" which dosimetry offers and avoid the uncertainty which arises from the use of the galenical preparations, and must always exist so long as they are used. With some I suppose the difficulty arises from a fear that they may be suspected of being homeopaths in disguise. But if homeopathy has anything worth taking, why hesitate at the name? Of course, there is no similarity between the two methods, but even if there was the man who is afraid of taking a good thing from any source because of the source is a poor specimen of a man. The surgeon who in these days would perform his operations with a stone-knife, or even with a piece of hoop-iron, would be likely to find but a limited field for his surgical talent. It ought to be the same with the physician who continues to give the nauseous and uncertain drugs of the pharmacopeia when he may use the active principles of almost every medicine. If one-sixth of a grain of aloin will do as much work as a teaspoonful of the tincture, who would not (personally) prefer the aloin?

Reforms truly make their way very slowly, the inertia of conservatism is hard to move, but we ought to be thankful that so many have been found ready to accept the better method, and for the prospect that so many more are willing to see the truth. As yet in no text-book that I know of is there found a recognition of the benefit that may be derived from the practice of dosimetry. As has been said so many times, this is not a new system, but only a better method of administering the same medicines which we all use, dropping out the inert and taking only the active part. It does seem not a little strange that with the constant demonstration before them of the value of such a proceeding as is had in morphine, strychnine, atropine, and other alkaloids or resinoids, so much reasoning should be required to make some men see the sense of using all the medicines which are capable of being so prepared. The early practitioners of dosimetric medicine were perhaps somewhat to blame, for they were as dogmati

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as the others they sought to instruct, and that is not the way to enlist men in a new method. It is also true that the mode of presenting the medicines was not persuasive, while it may have been necessary for protection that great care should be exercised in their preparation, yet the exclusive right given to one man did not prove attractive. While the method of small doses is the right one, it did suggest to some the homeopathic style, and that was quite sufficient to damn it at the start with some, indeed with many, who might otherwise have been willing to listen to its claims. Then some of the claims of the new method were startling in that it asserted that it could jugulate some diseases which had been regarded as having "a course to run," and which must be allowed to go their lengths. All these things did prejudice some minds against the practice and prevent them from giving the matter any attention. However, truth is mighty and will prevail, and the result will be in the end a great gain for rational therapeutics, and an admission of the powers which are developed by the new method of dosage. To prove this, one has only to make an unprejudiced trial of the claims made on behalf of dosimetry.

H. A. Carrington, M. D.

Bristol, Conn.

Hints.

To The Medical Council:

(1) Glonoin, 1-100th grain, will sometimes cause unconsciousness if taken on an empty stomach when the patient is weak and sitting up..

(2) Bicycles are doing considerable harm and physicians should be careful about advising them. The rider for hours may labor with a 100 to 120 pulse and have a tremulous hand. It is not easy to ride a wheel with reasonable moderation.

(3) The longer I practice the more I am convinced of the fact that after cathartics in fever we should give sulphocarbolates.

(4) In fevers that which decomposes in the bowels does much of the harm.

(5) When temperature is 104° bowel-contents undergo a dangerous modification due, it may be said, to the temperature itself. Probably "tropical" bacteria are taking advantage of the hot-house provided by the fever.

(6) Proprietary infant foods and sterilized milk may be causes of scurvy.

(7) I have a patient with Hodgkin's Disease taking iodides and salycilates, calcium sulphide and iron. He does better when working out of doors. He is full of hope and not anemic. Improves a little, but can some one suggest?

(8) Let rest and dry diet be a part of any treatment for rheumatic heart complications. In these cases calcium sulphide is of high utility.

C. E. Boynton, M. D.

Los Banos, Cal.

Elongated Uvula.

To The Medical Council:

"Cocainize the uvula thoroughly so as to lessen both the pain and the convulsive action of the azygos muscle. Carefully estimate how much it is desired to remove, and never remove the whole but only the redundant portion; from one-quarter to three-eighths of an inch should always be left. When possible, have the patient hold the tongue depressor. Grasp the tip of the uvula with a long pair of forceps but without putting the whole uvula on the stretch, as otherwise there is danger of removing too much. *There is no after-treatment required.* It is very sore for a few days, and a week will be required for complete healing."—*Internat. Jour. Surgery.*

No, doctor, this is a popular practice but none the less wrong. Do not amputate the uvula at all. Its relaxation is only a symptom of other wrongs, and it is our duty to ascertain where the trouble is and remove *it.* We always, or nearly so, find the relaxed muscles associated with a condition of atony of the whole glandular system, as characterized by fullness of tissue, full tongue, etc. Now, instead of directing our remedies to the

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local trouble, we should ascertain the indicated remedy and give it, *assisted* by local applications.

The following in laxative doses is successful:

℞ Podophyllin,
Euonymin . . . . . āā gr. v
Hydrastin,
Menispermin,
Alumini . . . . . āā gr. xv
Mix and fill twenty capsules of convenient size.
Sig.—Give one every four or five hours until they act, then, one after eating.

A wash of sulphate of zinc, borax and hydrastin, used in hot water, with brush or probang, will do all that stimulating astringents can do locally.

This is treating the pathological condition, and that being one of atony—a condition needing stimulants—of course any plan that will do this—stimulate the glands to normal action—will give success. Should the tongue be broad and frosty white, the acetate of potash should be associated with the capsules. "But, why the acetate of potash for elongated uvula? Can you give any up-to-date authority for it?" I most assuredly cannot, but I know from a long practice, supported by the success of others, that the full, white-coated tongue shows a torpid condition—a condition of atony—of the kidneys, for which the acetate of potash is specific. But it makes no difference what we call the disease; the tongue with these characteristics calls for the remedy, and it will *invariably* give more or less relief; and, while it may not be the whole treatment, it paves the way for the successful action of other remedies. Some may ask such questions as this: "Do you mean to say that acetate of potash is a specific for elongated uvula, or that you give it in all cases of that disease?" This is just what I do *not* mean to say. I do not believe that there is any specific—an invariable one—for a disease. But I do mean that there are specific remedies for a specific pathological condition that are invariable—never fail to remedy that condition. This is specific medication, *i. e.*, facts in medicine.

C. D. R. KIRK, M. D.
Shuqulak, Miss.

For Dr. Newman's Case of Septicemia.

TO THE MEDICAL COUNCIL:

I had long thought that I was taking too many journals; in fact, now more than I have time to read, and I am an omnivorous reader, taking journals representing the three leading schools of practice, but when I received the recent issue of THE COUNCIL, I read it from cover to cover with such interest that my covetousness has about gotten the best of me.

We are told in Holy Writ to "covet all good things," so I have, by enclosing herewith my subscription, carried out that injunction; and if you adhere continuously to the standard of excellence as manifested in this October number, I shall feel well repaid.

I should like to offer something for Dr. J. C. Newman, of Helenwood, Tenn., for his case of septicemia.

℞ Echinacea . . . . . ʒij
Hamamelis (dist. ext.) . . . . . q. s. ʒiv
M. Sig.—One teaspoonful four times a day.

The echinacea for the general toxic condition, and the witch hazel is sovereign for that venous engorgement, as he describes it so clearly. I feel sure of a cure if he will continue these two remedies for a time, and would be pleased to have him report.

F. F. NETHERTON, M. D.
Clinton, Mo.

Retained or Adherent Placenta.

TO THE MEDICAL COUNCIL:

In the August number I read an article entitled "Two Interesting Obstetric Cases" by Walter J. Cree, M. D. The first case—placenta previa—presents no *special* features of interest beyond what is ordinarily found in such cases, and the doctor's treatment of the case was fully up to the requirements. Not so in the second case, adherent placenta. His rule of action in dealing with the placenta implies an almost unpardonable sin of omission, *i. e.*, "It is never my practice to hasten the removal of the placenta,"

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etc. True, undue haste is not commendable, but when delayed a half hour, without making some inquiry, it need not surprise the doctor to discover himself "up against more *tough propositions.*" I deem it my duty and that of every accoucheur to make careful inquiry—within about ten minutes after severing the cord—as to the location of the placenta. This can now be done easily, and should conditions present render mechanical interference necessary, a still dilated os makes manipulations easy for both patient and doctor. An early recognition of the truth here saves time, labor, and may save life.

It would be a reflection upon the professional intelligence of the readers of THE COUNCIL were I to go into any verbose detail of reasons *pro* and *con.* These will suggest themselves to everyone. The traditional adage, "Meddlesome midwifery is bad," has lost, with me, the force of tradition, I preferring to guide my course by the light of experience covering a period of over thirty years and including over two thousand deliveries, natural and otherwise, embracing in this number almost everything liable to occur in an obstetric practice. As every careful clinician becomes, in a manner, a law unto himself, it may, and I hope it will, be pardoned in me when, in the face of authorities, I condemn Dr. Cree's rule in dealing with the placenta.

NICOLAS F. SCHWARTZ, M. D.
Auburn, Ohio.

A simple and, it is said, effective treatment for itching piles is the application once daily after defecation of a few drops of collodion on absorbent cotton.

Our supply of August (1902) COUNCILS is exhausted. Anyone sending us a copy will be credited with two months on his subscription, or may select two other back numbers for it.

Address MEDICAL COUNCIL,
4105 Walnut St., Philadelphia, Pa.

Please send me, as soon as convenient, another 'Physician's Pocket Account Book," by J. J. Taylor. It is the best I have ever seen and is a time and money saver.

DR. H. A. CHENEY.
Campton Village, N. H.

MEDICO-LEGAL NOTES.

Giving Evidence.

Few know how to give evidence, even good lawyers being notoriously deficient in this regard. The one essential point to ever hold in mind when on the witness stand is to tell what you know; no more, no less. What someone else has said is not evidence except in certain circumstances. The witness may tell what he knows of his own knowledge, and though he has no right to tell what has been said to him, he may say what he did in consequence of what was so said, whether to himself or some one else. So on the stand, stick to what you know. Say nothing else, except when hearsay evidence is admissible.

Malpractice.

It has been decided by high judicial tribunals, that it is not the skill possessed by the physician, but the skill employed, that is to be considered in deciding a question of malpractice. The law requires the exercise of ordinary skill and care by every practitioner. It avails nothing to prove great capability in the face of evident neglect, though it may aid in establishing the presumption of proper and careful treatment if neglect is not clearly shown. To show unusual capability when neglect is proven, only serves to aggravate the injury by intensifying the neglect.

Pain in the lower limbs, or the slightest degree of limping in children, should lead to an examination of the hip-joints. Many cases of beginning hip-joint disease may be discovered at a time most opportune for treatment.

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Fractures and the Responsibility of Physicians.

In all probability the majority of suits against physicians for malpractice are in connection with fractures. The reasons for this are not far to seek. A badly-set fracture is a poor but permanent advertisement for the doctor, and scores of years afterwards the patient may hold up a deformed limb as evidence of how little Dr. Blank knew of bone-setting. The disfigurement and lack of function is ever before the public, and in case of suit has due effect upon the jury. Then, again, many otherwise good physicians, from distate to this branch of practice or want of mechanical ingenuity, show very poor judgment in the management of fractures. Most of us have seen cases in which the original injury would have been less destructive of function and symmetry had no treatment been instituted. These are extreme cases, of course, but are a sad commentary upon the incompetency or carelessness of the physician in charge—always provided the patient was willing to follow directions and coöperate in the treatment. The plaster-paris dressing in the hands of the unexperienced and ignorant has been responsible for some fearful results. Applied improperly as to time and manner, extensive sloughing and even gangrene has resulted. The inexperienced should employ the simplest dressings and make frequent inspections.

Dr. John A. Lewis, in a recent paper, gives the following advice:

"(1) Do not undertake to practice surgery unless you have some training and skill. (2) If you undertake it, leave nothing undone to secure success, from the date of your first visit to your last, when you remove the dressing. Never guarantee results; let it be clearly understood that failure is not impossible even in uncomplicated cases after the most faithful and skillful treatment. (4) Make your first examination just as carefully and thoroughly as possible under the circumstances; make a plain and truthful statement as to result of your examination of trying nature of injury, etc., to the family, guarding your prognosis well. Make this statement if possible in the presence of some honest physician or, better still, some intelligent layman. (5) Let the patient and his family feel that in calling you it is presupposed that they know your ability in work in this line; if they are unwilling to assume the risk of final results, then they ought to call some one else. (6) After your first examination, if you are in doubt as to the diagnosis, or as to plan of treatment, call a consulting physician at once. (7) In the treatment of charity-patients and deadbeats be especially on guard to protect yourself. (8) Remember the law holds you to the same accountability in the treatment of charity-patients as in treatment of the rich. (9) Use only approved methods of treatment, leave the experimental treatment to the hospitals. (10) Treat your brother physician exactly as you would have him treat you; never by word, or act, or look, lend countenance to the suggestion of a damage suit, it matters not whether the physician be your personal friend or not. Express no opinion as to an unsuccessful result in any case treated by another physician, unless he be present. (11) If, in spite of your best efforts to avoid a suit, one comes, never compromise or pay hush-money; fight to the death. Every physician should always stand ready to go to the assistance of his brother physician, with his time and money if necessary, in defending one of these suits for malpractice. (12) In closing, it may not be out of place for me to say that perhaps the wisest solution of the whole matter might be for each of you to 'lay uptreasures in heaven, where moth and rustdo not corrupt and thieves do not break through and steal.'"

As regards the final admonition, it can be said with much truth that the majority of our profession manage to avoid any great accumulation of treasure on earth, and it is hoped that they have been equally careful to deposit it elsewhere.—*The Carolina Medical Journal.*

I purchased your "Physician's Pocket Account Book" some time ago, and to say I am well pleased does not nearly express it.

S. W. MORGAN, M. D.

Dutchtown, Mo.

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BEST IDEAS FROM RECENT LITERATURE.

On the Study of Cases.

Dr. Keith Norman Macdonald (*Caledonian Medical Journal*, July), in an article entitled "How to Become a Good Physician," has some wholesome remarks on "The importance of Taking Cases to 'Avizandum.'"

"The sheriff of Scotland," he says, "and probably the judges also, have got a very good system in their law proceedings—which doctors would do well to imitate when cases come in their way requiring extra caution—before giving a decision they take their cases to what is termed 'avizandum,' that is to say, they take their notes home with them, and consult all the best law works on the subject in the seclusion of their studies, and thus grapple with many points which they could not do off-hand. Similarly, the good physician should read up his cases at night, and be prepared to corroborate, or modify, or alter his diagnosis of the previous day, and however trivial a case may seem, he is never the worse of a further acquaintance with the subject. This refreshes his memory, and besides consulting the works of the ablest men of his day, much may be learned by a perusal of some of the works of our predecessors, whose mature experience enabled them to reason with singular capacity and judgment."—*N. Y. Med. Journ.*

[This is correct, but the average pay of the doctor is too poor to enable him to get the necessary time to thoroughly look up all his cases. With better fees, and sure ones at that, he could easily devote several hours a day to this work. For instance, if his pay were as good and as sure as that of the lawyer and the judge. —Ed.]

Dr. Wilson says that equal parts of glycerin and water, with sufficient lemon juice to make the mixture agreeable to taste, is an excellent mouthwash in fever cases.

Carbolic Acid in Burns.

Three cases are reported by Muench, one of his own experience and two others, in which pure carbolic acid was applied to burns, causing immediate cessation of pain, with no subsequent swelling or inflammation. The corroded skin came off in a few days, leaving a new skin and causing absolutely no inconvenience or trouble, not even a scar or contraction of muscle. In one case the burn was very extensive, covering the entire head, face, neck, and hands, and in this case he gave a hypodermic injection of morphin. The patient recovered without a single scar, although there was sloughing on the end of the nose and rim of the ears.—*Dr. Otto L. Muench, in Medical News.—Jour. Am. Med. Assoc.*

The Early Diagnosis of Uterine Cancer.

J. O. Polak (*N. Y. Med. Journal*, July 19, 1902) emphasizes the following points in the diagnosis of uterine cancer:

(1) The early diagnosis is possible.

(2) The earliest symptoms differ, depending upon whether the disease begins during menstrual life or after the menopause.

(3) During menstrual life compare every bleeding with what it has been in the same woman. Be suspicious of intermenstrual spotting and serous discharge.

(4) After the menopause any serous or sanguineous discharge is significant.

(5) Examine every woman over thirty who may exhibit any menstrual vagary or persistent leucorrhea.

Finally, limit radical operations to those cases in which the disease is confined to the uterine tissues.—*Med. Age.*

Chlorosis, Marriage, and Orchitic Extract.

Dr. W. Dufougeré (according to the *Gazette medicale de Nantes* for August 16th), in his essay, "La Chlorose, ses rapports avec le mariage, son traitement par le liquide orchitique," draws the follow-

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ing remarkable conclusions: Chlorosis is due to a self-intoxication of menstrual origin, and to accumulation in the blood of toxic principles which are not destroyed by the internal secretion of the ovary. By re-establishing this internal secretion, lessened or absent, chlorosis and its symptoms are caused to disappear. Marriage influences this secretion, and restores it if it has ceased. This re establishment of the secretion is due to the absorption during coitus of a certain specific principle which acts directly upon the ovary, and stimulates it out of its torpor. Chlorosis, therefore, so far from being an impediment to marriage, is quite the reverse. The ingestion of "orchitic liquid" by chlorotics will also establish this internal secretion. Its therapeutic action is explained by its physiological character, and agrees perfectly with the effect of "marriage" on chlorosis.

Dangerous Times for Heart Cases.

There are two periods of greatest danger; one is at night, during those hours when the periodic distress returns and when respiratory movements are most sluggish; the other is when, upon arising from a recumbent position, the column of blood in the upper part of the body is suddenly thrown back upon the enfeebled ventricles, thus at the same time diminishing brain-pressure.—*J. M. G. Carter, M. D., Waukegan, Ill.*

Directions in Heart Disease.

(1) Each patient showing a heart lesion must be a study unto himself.

(2) No heart medicine is needed unless the myocardium is unable to do its work in a physiologic way.

(3) The heart muscle should demand more consideration than the heart murmur.

(4) Rest is one of our best therapeutic agents.

(5) We should try by every possible means to prevent myocarditis in all diseases where this condition is apt to arise.

(6) After any severe diseased process we should insist upon the patient resting in bed long enough to allow the myocardium to be restored.

(7) We should improve the general nutrition of our patients and restore the blood to a normal standard by the use of blood tonics.

(8) We should investigate the kidneys in all cases showing signs of cardiac incompetency.

(9) Physical exercise, light gymnastics and properly selected diet are valuable aids in the treatment of cardiac disease. —*Conclusions by Dr. Y. N. Snively, in Med. News.*

Improved Method of Using Gelatin.

Racchi considers that gelatin given by the rectum in serum solution is more rapidly absorbed than when given hypodermically. He gives 10 drachms of a warm 2 per cent. solution of gelatin in *normal* serum. Its action is manifest in controlling hemorrhage in from five to ten minutes, and lasts about six hours. —*Gazetta degli Ospedale.—The Practitioner, November, 1901.*

Perfect Asepsis.

The latest method of attempting to secure an aseptic condition of an infected wound consists of the application of a saturated aqueous solution of permanganate of potash, and after an hour or so removal of the gauze pad containing the permanganate and covering the wound with several layers of gauze saturated with peroxide of hydrogen. It is said to be the best antiseptic dressing yet devised.—*Med. Times.*

A Year of Freedom from Yellow Fever in Havana.

In the recently-issued report of the Sanitary Department in Havana, Dr. Charles Finlay, the announcement is made that, with the end of September, an entire year has passed in which not a single case of yellow fever, so far as known to the authorities, has originated in Havana. Such a period of immunity has not been seen before in one hundred and forty years. During five months of

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the twelve, and these among the most dangerous months, the sanitary department has been under Cuban control, so that, so far as Havana at least is concerned, the fears that the health conditions established by the medical officers of the United States Army would be allowed to deteriorate have not been realized. Dr. Finlay has earned the gratitude of our seaboard population, especially in the south, for keeping off the menace of a fever-ridden Havana by his efficient administration of the health department of that city.—*Med. Record.*

Cocaine in Metatarsalgia.

In a case of the malady of Morton, without disease of the bones of the foot and toes, H. Vurger, of Bordeaux, (*Sem. med.*, No. 34, 1902) decided, on account of the failure of every means of treatment which the patient had previously had, to use injections of cocaine to control the pain. In order to define at the outset, if possible, the point of departure of the pain-producing spasms, he made, at the point of greatest tenderness, an injection of one c.c. of cocaine, two per cent., pushing the needle-point down to the bones themselves. After a few minutes all pain on pressure disappeared, and during five weeks subsequently, no crisis recurred. At the end of that period he made another similar injection, and since that time the patient has had no attacks whatever. At the time of Vurger's writing, only three months had elapsed since the second injection was carried out, and therefore the cure could not honestly be considered absolute, but the result is certainly instructive and suggestive, because the patient previously had not passed a single night without an attack of severe pain, and occasionally suffered four or five of them in one day. Another significant fact is that ordinarily metatarsalgia is very rebellious to treatment.—*Medical News.*

Inclosed find $1.00, for which send two more "Physician's Pocket Account Books" without case. I purchased one last March, and like it very much. My leather case is in excellent condition and will last several years.

J. D. Hardinger, M. D.

Gays, Ill.

Seeming Knee-Joint Disease Cured by Opening of the Joint and Exposure to Air.

Allingham, an English authority of acknowledged position, maintains that in various instances of apparently serious disease of the knee-joint, upon operating no manifest pathological change could be found, and yet following the operation of opening into the joint, and therefore exposure of the articulating surfaces and withdrawal of the synovial fluid, a prompt and complete disappearance of all symptoms occurred.

This is indeed as inexplicable as in the instance of opening the abdomen, finding absolutely nothing pathological, yet with relief and evident cure of all previous symptoms resulting from nothing more than the opening of the abdomen and exposure of the contents thereof.

There is something strikingly similar in these facts, occurring in two large serous cavities of the body; but the pathological state that causes such pronounced symptoms, so quickly and distinctly relieved, remains profoundly obscure.—*The Clinical Review.*

Beatson's Operation a Failure.

Dr. Abbe, of New York, gave to the Practitioners' Society his final report on seven cases in which he had performed oöphorectomy, as suggested by Beatson, for inoperable or recurrent cancer of the breast. He had closely followed the cases for one year, and was able to report that, in the majority of instances, the operation produces a temporary retrograde metamorphosis in the diseased tissue and adjacent glands. This improvement lasts, on an average, about four and one-half months; then takes on renewed activity and pursues the regular course. Four of the seven cases had died during the year. In the remaining three he is now using the X-ray with even more striking results than were obtained by the Beatson method. A year hence he felt he could have a similar report of results which would give a fair estimate of the X-ray

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value—as judged by time. At present he could only say that the outlook has more promise than any therapeutic method—outside of pure surgery.

For Acute Laryngitis.

Progres medical for January 25th recommends the following:

℞—Menthol . . . . . 30 gr.
Spirit of pinus sylvestris,
Spirit of eucalyptus . . . . . āā 45 ♏
Tincture of benzoin,
Tincture of tolu . . . . . āā 30♏.
M.

The patient should breathe twice or thrice daily the vapor of a few drops of this mixture. Evaporate in an iron spoon over a lamp.

For Sore Throat of Scarlet Fever.

℞—Sol. boroglyceride . . . . . ʒj
Hydrogen peroxid . . . . . ʒj
Aquæ gaultheriæ . . . . . q. s. ad ʒij
M. Sig.—Spray throat every hour or two.

Or:

℞—Hydrogen peroxid,
Aquæ calcis . . . . . āā ʒj
M. Sig.—Spray.

—*St. Louis Courier of Medicine.*

For Itching of Scarlet Fever.

℞—Ung. picis liq. . . . . ʒj-ʒj
Ung. zinci oxidi . . . . . ʒj
Vaselin albi . . . . . ʒj
M. Sig.—Anoint as needed, once or several times daily.—*S. Louis Courier of Medicine.*

For Granular Pharyngitis.

Dr. Moure, of Bordeaux, a well-known specialist in diseases of the throat, has found the following treatment beneficial:

℞—Iodin . . . . . 25 centigr.
Iodid of potassium . . . . . 30 centigr.
Wine of opium . . . . . 3 gram'es
Pure glycerine . . . . . 120 gram'es

This should be applied to the throat once or twice a week, and a teaspoonful of this mixture in a half-glassful of water makes a very good gargle. Tincture of guaiac is also recommended by Dr. Moure.

Another formula is:

℞—Borax . . . . . 6 gram'es
Antipyrin . . . . . 4 gram'es
Tincture of guaiac,
Elix. aromatic . . . . . āā 5 gram'es
Glycerine . . . . . 140 gram'es
Sig—A teaspoonful in a half-glass of water as a gargle.

These preparations should be used as a gargle only during the subacute stage, and pure when there is not much inflammation.—*Therapeutic Gazette.*

For Prostatic Congestion.

Dr. Stordeur recommends the following suppository for the relief of prostatic congestion from any cause:

℞—Potassium iodid . . . . . 5 grs.
Ichthyol . . . . . 3 grs.
Morphine hydrochl. . . . . ¼ gr.
Ext. stramonium . . . . . ½ gr.
Oil theobroma . . . . . q. s. for 1 sup.
Sig.—One or two daily.—*Merck's Archives.*

A Preservative Solution.

The question often arises, What is the best solution for keeping interesting pathological specimens? Some years ago I preserved a goodly number of specimens very satisfactorily in the following solution:

℞—Chloride of sodium . . . . . ʒiv
Pulv. alum . . . . . ʒv
Hydrargyri bichloridi . . . . . gr. ij
Aq. pur. . . . . Oij.
M.

In very delicate preparations double the amount of water.—*J. A. Shellenberger, M. D., of Philadelphia, in Philada. Med. Journal.*

Mr. A. C. Burrage, a wealthy Boston lawyer, has leased Bunkins Island, near Boston, for a period of 399 years. Mr. Burrage proposes to erect a hospital and lay out beautiful grounds for crippled children. Some years ago his nine-year-old little son was seriously injured and has remained a cripple ever since. This touched the sympathetic father's heart, and he is now about to do some real charity.

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Iodine for Tonsillitis.

In acute amygdalitis, tincture of iodine, locally applied with a camel's hair brush, is highly recommended by Floersheim (*New York Medical Journal*). If the patient complains of burning, he may use a gargle of plain warm water after two minutes. If no burning feeling results, the application should be repeated in three or four minutes. In an experience of sixty-eight cases the author has seen the best results from this remedy, which often gave complete relief when other medicaments had utterly failed.

The Tallest Man.

E. A. Crain, M. D., Missoula, Montana, March 15, 1902, writes to the editor of the *Philadelphia Medical Journal:*

"I see in a paragraph headed 'The height of the tallest man,' on page 309 of the *Philadelphia Medical Journal*, February 15, 1902, that the quotation, printed from the *Medical Examiner and Practitioner*, says the height of the tallest living man is seven feet three inches, being the measurement of Chang-tu-Sing. Last Friday, February 21st, there was exhibited in this town (Missoula, Mont.) a young man, twenty-one years old, who is seven feet ten and a half inches tall. He is a French Canadian named Beaupre. He has a brother ten years old who is six feet tall. Parents medium sized."

Latent Vaccinia.

J. W. Washbourn reports the case of a child with undoubted scarlet fever without unusual features. The child had been vaccinated two years previously in four places, only one of which took and that very slightly. With the onset of the fever, the old vaccination spots seemed to take on life, and in a few days presented all the features of a fresh vaccination at the seventh day. Examination of the patient revealed very slight impetigo of the scalp, and the skin was clear elsewhere. The appearance of the marks on the arm and their arrangement were quite unlike anything in the way of secondary infection from impetigo. There was no doubt that the child was suffering from scarlet fever, and the only explanation given was that the vaccination had remained latent during two years, and had started afresh with the onset of scarlet fever.—*The Lancet, March 8, 1902.*

Mendall's Law.

This law is an illustration of the strange neglect of a discovery by the official scientists when it is made by a layman and not published in the regular way. In this instance the "layman" was a priest—a German monk—who published his excellent scientific thesis in an obscure German village in 1865. Within the last two years the law has been rediscovered, practically independently and simultaneously, by four biologic investigators, one of whom, Correns, of Germany, discovered Mendall's thesis. Briefly stated, the law is that a first cross will result in offspring resembling one or the other parent, but possessing in an undeveloped form, termed by German scientists "recessive," the attributes of the other. The second cross will result in fixed types possessing, respectively, the characterstics of one parent, of both parents, and of both parents in varying degrees. If true, the law, it will be seen, will have a tremendous effect upon the hybridization of plants and the breeding of animals, affecting or supplanting the older theories of atavism and of cross-breeding. Professor Spillman, of Washington, expounded the theory last November before the Association of American Agricultural Colleges, and at the recent conference in New York on hybridization and plant-breeding the principle was extensively discussed.—*Am. Med.*

Dr. Champlin says that when in doubt as to whether you have a case of gonorrhea in the female, remember that the pus of specific vaginitis is alkaline. Litmus paper will decide the diagnosis.

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Aphorisms in Bright's Disease.

Dr. W. H. Porter in the *Medical Record* of Sept. 27, 1902, in a paper on dietetics in renal diseases, says the conclusions to be drawn from this study are:

1. To analyze thoroughly the results of treatment in "Bright's Disease" one must have a clear conception of the histology and physiological functions of the kidneys.

2. Its complex pathology must be clearly understood.

3. All the etiological factors must be given full consideration.

4. The etiological factors are numerous and very complicated in their action.

5. Only *one*, if any, of these can be reached by surgical interference.

6. Most of the etiological factors can be modified or removed by well-directed rational dietetics and therapeutics.

7. Histologically speaking, "Bright's Disease" can never be cured.

8. Physiologically speaking, the etiological factors can be modified, and often removed, the symptoms held in abeyance, while the renal glands perform their functions normally.

9. "Bright's Disease" is by nature an oscillatory malady, accompanied by frequent remissions and exacerbations.

10. *Remissions must not be taken for cures.*

11. Rational dietetics and therapeutics offer the largest possibility for a complete physiological cure.

12. A well-regulated mixed diet, especially if composed largely of the animal class, when it can be tolerated, yields the best results.

13. All therapeutics to be rational must be directed not at the pathological lesion *per se*, but toward establishing a more perfect digestion and metabolism and a decrease in the work imposed upon the renal glands.

If you want to gain a reputation for working miracles, wrap a swollen rheumatic joint in cloths wrung out of ice-water and the pain will almost instantly cease.

Variola versus Varicella.

In addition to the usual age and the presence or absence of prodromal symptoms, an important distinction between these diseases is that the small-pox eruption is worse on exposed parts and is always present on the palms, whereas the chicken-pox eruption is more marked on covered portions of the body and is rarely or never seen on the palms.

Ice applied to the external genitals—the scrotum in men, the labia in women—is said to be the best and simplest method for controlling blood-spitting and nosebleed.

Peroxide and Catgut.

The *International Journal of Surgery* warns against peroxide of hydrogen in a wound in which there have been placed any catgut ligatures, unless it is intended to wash the latter out, for the reason that peroxide rapidly destroys catgut.

A writer signing himself E. G., in the *Boston Medical and Surgical Journal* for May 16th, is inclined to rate sunlight above sleep as promoting health in children. In the case of his own children he has found them thrive better if allowed to play outdoors all day instead of being called in for a nap, according to the almost universal practice. They did not really lose sleep, he intimates, for they consumed less time in getting asleep at night and woke later in the morning.

The Doctor can only be successful financially first by so perfecting himself in his art as to really earn good fees, and second by keeping an accurate account and collecting for services rendered, and leaving the few current accounts at his death in such form that they may be readily collected by his administrators. This you will find the cheapest and best form of *life insurance* you can secure. This can only be secured by some such system as that embodied in The Physician's Pocket Account Book. Price, complete one dollar.

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Explosive Nature of Potassium Permanganate.

It can ignite glycerin or alcohol and detonates when rubbed up with confect. rosæ. An unlucky apothecary attempted to dispense the following:

Pot. permangan. and alcohol, āā 10 parts; distilled water, 15 parts.

Scarcely had the bottle been corked when an explosion took place, and the boiling liquid spurted into the face of the surprised pharmacist. He nearly lost the sight of one eye, and was disabled from work for more than a month.—*Walter G. Smith, in The Practitioner.*

Investigations of the Action of Sublamine (Ethylenediamine-Sulphate of Mercury) as a Disinfectant.

Dr. M. Blumberg describes in detail the experiments reported at last year's Surgical Congress in Berlin, and announces the results obtained from practical applications of sublamine.

He calls attention to the importance of selecting the mercurial salt having the greatest power of tissue penetration, which, as his experiments have demonstrated, is sublamine. Furthermore, corrosive sublimate frequently causes exzemas of the skin; and exact experimentation has shown that the very slightest roughness, the most insignificant scaling of the skin, makes an efficient redisinfection more and more difficult. As Schleich, Gottstein, Haegler, and others have insisted, a good condition of the hands is the first desideratum for efficient sterilization; and sublamine, even in very concentrated solutions, in which sublimate cannot be employed at all, does not attack the skin.

Sublamine has been used by Prof. Kroenig in his extensive operative work, in all his laparotomies and other operations, for the disinfection of the hands and skin, and the constant employment of sublamine left the operator's hands in irreproachable condition. Prof. Kroenig authorized him to publish the following statement: "Prof. Kroenig uses sublamine in his clinic for the disinfection of the operator's hands and the patient's skin in strengths of from 1:1000 to 1:500. Whenever the hands have been in contact with suspicious material the concentration is increased to from 1:300 to 1:200; and no irritation of the hands has ever occurred. Besides this, the silk employed for sutures is boiled in a watery 1:300 sublamine solution, as in the Kocher method."—*Abstracted from the Muenchener Medicinische Wochenschrift, September 16, 1902.*

Sublamine and Its Toxic Action Compared with That of Corrosive Sublimate.

After reviewing the extensive literature on sublamine in hand sterilization, Schuftan expresses the belief that its use will be extended to other fields, such as to the treatment of syphilis. As its employment here will also be internal, subcutaneous, intramuscular and intravenous, it is of great importance to obtain an exact idea of the toxic action of the drug; and for this purpose, at the suggestion of Prof. Liebreich and with the assistance of Prof. Langgaard, he has made a series of experiments to determine the relative toxicity of sublamine and sublimate.

Twenty-one experiments, with rabbits weighing from two to three pounds, gave the following lethal doses:

	Sublimate.	Sublamine.
By mouth . .	0.01 gr'm (⅙ gr.)	0.04 gr'm (⅔ gr.)
Subcutaneous	0.01 gr'm (⅙ gr.)	0.01 gr'm (⅙ gr.)
Intravenous	0.005 gr'm (1/12 gr.)	0.0075 gr'm (⅛ gr.)

By weight, therefore, sublamine administered *per os* or intravenously is less poisonous than corrosive sublimate, while subcutaneous it is equally so. Taking into consideration, however, the fact that 1.7 grammes (25½ grains) of sublamine are equal in mercurial content to 1 gramme (15 grains) of the bichloride, its poisonous effect subcutaneously is considerably greater, and intravenously is somewhat greater than that of sublimate.

The more vigorous action of sublamine when administered by the skin or the veins is most easily explained by its property of not coagulating albumin. Taken by mouth this does not enter

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much into consideration; but by the other ways it causes a more rapid and ready absorption of the drug.

The author concludes by stating that the non-irritancy of sublamine may render it especially appropriate for syphilis, and that the painful infiltrations that occur may in this way be avoided.—*Abstract from an Inaugural Dissertation by Dr. Adolf Schuftan, Berlin University, August 15, 1902.*

In a paper on "Alcohol and Sublamine as Hand Disinfectants," from Prof. Fürbringer's Division of the Friedrichshain Hospital, Berlin (*Deutsche Medicinische Wochenschrift*, September 11, 1902), Drs. Danielsohn and Hess report some comparative tests undertaken at Prof. Fürbringer's request, and state as follows:

"We are compelled to indorse the claim of superiority for sublamine over sublimate. The non-irritancy of the preparation was most agreeably noticeable; the hands were not attacked in the slightest degree by this new disinfectant, while we had to suffer more or less from skin irritations after the use of sublimate. A further merit of sublamine is its considerably greater solubility, which, in practice, when speed is necessary, will be thoroughly appreciated."

The authors conclude that in the Fürbringer method sublamine may be substituted with advantage for sublimate, but consider the omission of alcohol in the disinfection inadvisable, even though favorable results may be obtained without it.

Privy Councillor Prof. Fürbringer, in his "Comments on the Above Treatise," adds:

"The undeniable advantages of sublamine have induced me to introduce the same—among others—as a hand disinfectant in my division."

Torpid ulcers, even when painful and due to varicose veins, may be made to cicatrize comfortably if dusted daily with antipyrin.

For removing ink stains use a solution of chlorinated soda. Wet the stain with the solution, and wash thoroughly after a few moments.

Statistical Report on Creosote and Creosotal in Pneumonia.

Last March Dr. Van Zandt sent out a number of circulars to many medical journals and to a few individuals, asking the following questions of those who had used creosote or carbonate of creosote (creosotal) in the treatment of pneumonia: 1. Do you believe creosote ever aborts pneumonia? 2. Do you believe the majority of cases are mitigated by it? 3. Have you ever found cases which, having plenty of time, were entirely uninfluenced by it?

In response he had over seventy letters and cards and five verbal statements, a large proportion of which he tabulated. To the first question 37 physicians, reporting 762 cases, said "Yes;" 15, reporting 187, said "No;" and 19, reporting 177, failed to answer. Therefore, of those reporting, a little over two-thirds admitted the abortive effects of creosote. To the second question, 57, reporting 1,022 cases, answered "Yes;" 2, reporting 10 cases, said "No;" and the remainder failed to answer. To the third, 23 said "Yes;" 31 "No;" and 16 failed to answer.

Of 1130 cases reported, 56 were fatal, 24 of them being accounted for as follows: 12 were complicated, 9 others were over the age of 67 (in some instances complicated), 3 were alcoholic (of which two were complicated), 1 was far advanced when treatment was begun, and 1 used "creosote products." The mortality in this series is a little over 5 per cent.; and, as the recognized death-rate is 25 per cent., the author claims that the treatment saved 226 lives.

Van Zandt refers particularly to Prof. W. H. Thomson's report of cases treated with carbonate of creosote in the Roosevelt Hospital. The loss here was 1 in 18, or about 5.5 per cent. A condensed report for five years from this institution gives an average death-rate of 35.6 per cent.

These figures confirm the conclusions of his former article, that a large percentage of pneumonia is cut short or aborted; almost all the rest mitigated,

and the remainder or a very small per cent. not affected by the remedy. He thinks the use of creosote carbonate or creosote in the treatment of pulmonary affections is one of the greatest life-saving discoveries of the nineteenth century.—*Dr. I. L. Van Zandt, Fort Worth, Texas, in the Medical Record, October 11, 1902.*

The practice of chewing Burgundy pitch is almost universal in the Swedish Province of Delacarlia, and to this fact a writer in *Med. Woch.* attributes the comparative freedom which the Delacarlians enjoy from caries of the permanent teeth. The beneficent action of the gum he regards as due not merely to its mechanical effect, but also to the oils contained in it, which are of antiseptic and bactericidal character.

Sermon on Christian Science.

Rev. C. A. Dixon (quoted in *Pacific Medical Journal*) says: "Mrs. Eddy herself has had three husbands and Calvin A. Frye, who owns until death, in his own right, conferred upon him by her, all her property in Concord, N. H., including her jewels, is not her husband. Two of the husbands died, one was divorced. Now, if Christian Science has power to heal, it had no right to let these husbands die, unless such was its desire, but that does not argue for its loving character. If Christian Science fosters a spirit of love and harmony, there should have been no divorce."

Ovariotomy for Carcinoma of the Breast.

Pryor, in the first issue of the *Medical Critic*, offers an exceedingly caustic criticism of this new fad. He shows that not a single cure has been effected by this method, but that on the contrary it induces cancer by premature mammary atrophy.

An Early Sign of Infantile Pneumonia.

Dr. Weill (quoted in *New York Medical Journal*) calls attention to an early and nearly constant sign of pneumonia in infants, namely, lack of inspiratory expansion in the infraclavular region of the affected side, even when the inflammatory process is confined to the lower portions of the lung. He cautions against confounding elevation of the clavicle with expansion.

For Ascites.

The following combination is recommended for any form of ascites, by A. H. Bigg in the *Medical Record:* Elaterin, gr. 1-15; strychnine sulphate, gr. 1-40; spirit of glonoin, gr. 1-200; extract of digitalis, gr. ¼; caffeine and powdered cloves, each 1 grain. One such capsule every three to six hours. If nausea occurs, ⅛ grain cocaine may be added or be subsitituted for the digitalis. The treatment should be carried on so as to secure four to six copious evacuations until relief is obtained.

Digestive Power of the Juices of the Small Intestines.

From the study of the intestinal fluid escaping through a fistula, resulting from a jejunostomy, Simon and Zerner, of Karlsbad (*St. Louis Medical Review*) found that proteids are digested in the upper more alkaline part of the intestine, and and starches in the lower less alkaline portion. A decrease of alkalinity, as in carcinoma, diabetes or gastrectasis, leads to defective digestion of proteids. A hyperalkaline secretion, on the other hand, is unfavorable to the proper digestion of starches.

Gouty Bronchitis.

The dry, chronic bronchitis of Laennec, writes Anders (*Philadelphia Medical Journal*) is recognized by most writers as a distinct variety due to the gouty state. It is characterized further by a highly acid urine, deficient in quantity, pale stools, large coated tongue and hepatic enlargement, and is often associated with gouty affections of the larynx and pharynx. It is to be regarded as part of a general fibroid process in some cases.

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Book Reviews.

PRACTICAL GYNECOLOGY, OBSTETRICS, AND THE MENOPAUSE. By A. H. P. Leuf, M. D., Philadelphia Three Parts, complete in one volume of 326 pages. Price, cloth, $2 50. Published by THE MEDICAL COUNCIL, 4105 Walnut Street, Philadelphia, Pa., U. S. A.

The true key to this work may be found in the following extract from the Preface:

"A treatise upon any subject should be more than a mere dictionary of terms and methods; it should teach principles and their application; should indicate lines of thought; should stimulate investigation."

PART I. *The General Practitioner His Own Gynecologist.*

In the "Foreword" to this department the author plainly shows the great value to the family physician, both professionally and financially, of a thorough knowledge of the science, and competent skill in the art, of gynecology (properly pronounced jin-e-col-o-gy, not guy-ne col-o-gy). He also argues its reasonably easy attainment. The doctor should do all he can safely and correctly of his own work in diseases of women, rather than refer his patients to specialists for minor work which he could often do even better himself.

The author starts this department by detailing the simple and inexpensive instrumental outfit required, showing the uses of each instrument. In regard to gynecologic chair he says:

"Gynecologic chairs are an expensive nuisance. I have owned two, and would not have another. The table I use cost me $4.00, second hand, and I prefer it to any chair in the market. The man who buys an expensive chair with which to impress his patient is deluded, unless he has no ability to impress her with his skill by giving relief. Remember, the price of this unnecessary ornamental piece of furniture will buy all the instruments one needs, with money to spare."

The author then takes up Examinations, Diagnosis and Treatment of diseases of women in proper sequence, not going into controversial matters, but giving only the practice which in his own hands has been most successful. It can be used as a working guide to the physician in his daily practice. The language is direct, plain, concise, using the fewest possible words to plainly express the meaning. The great value of this part of the book can best be shown by quoting a letter from a physician:

"Dr. Leuf's book has helped me to do better work every day in my gynecologic practice, and to properly treat many cases that I formerly sent to the specialist"

PART II. *Common Sense in Obstetric Practice.*

In the "Foreword" to this department the author shows vividly the extreme importance of the doctor's being so thoroughly prepared in the technique of obstetrics that he will be able to meet the various emergencies that arise in which prompt, skillful work may save one or both lives, and the possession of which skill alone distinguishes the physician from the ordinary midwife and justifies the public in employing him at a greater cost It also decries the too common burlesque often prevailing in the lying-in-room. The chapters deal successively with the following subjects: Requisites to Success in Obstetric Practice, including Personal Factors, both of patient and physician, Preliminary Period, etc.; Diagnosis of Pregnancy, with especial reference to the Earliest Possible Diagnosis; Care of Pregnant Women, including Diet, Exercise, Hygiene, etc.; Preparation for Labor, in which the usual complicated paraphernalia and preparations are greatly simplified, to the convenience of the physician and the benefit of the patient; Diseases of Pregnancy, very fully and completely discussed, with practical help in treatment; First Stage of Labor, including anathesia, general and local; Second Stage of Labor, very fully discussed, including instrumental interference, saving the perineum, hemorrhage, etc.; Third Stage of Labor, including the Management of the Placenta in the normal and various abnormal conditions, Inverted Uterus, Lacerations, Obstetric Binder, Post-partum Hemorrhage, etc.; a very complete chapter on the Duty of the Obstetrician after Labor, another on Complications, one on Obstetric Operations, concluding with one on The Child. The physician who reads this work will be seized with a new enthusiasm to resume his obstetric work with an earnestness never before experienced, and with a well-founded confidence in his ability to do far better work and enhance his reputation in his community as an obstetrician.

PART III *The Change of Life in Women.*

The great object of the author in this part is to relieve this much-misunderstood subject of the mystery with which it is invested in the minds of both the laity and a large part of the profession, and to show the plain physiologic laws by which all its supposedly mysterious manifestations are easily explained, leading naturally up to the logical, and in the vast majority of cases successful, treatment. Not only is this work intensely interesting as a profound study of the human system in its most capricious period, but its mastery will enable the physician to guide the most of these cases safely and pleasantly through his most trying epoch to the final establishment of even better health than they have for years previously enjoyed, thus justly earning his fees and winning the confidence, gratitude and moral support of these most influential members of the community.

These three subjects are most appropriately grouped together in one volume as a desk companion to the physician in his treatment of female patients in all the conditions and emergencies peculiar to the sex.

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Useful Notes.

Our January and August, 1902, issues are entirely exhausted. Any one sending us copies of these numbers can have credit for double the number sent in past or future issues.

"*Diabetes Mellitus, Its Treatment and Cure*," is the title of a book of 56 pages, embodying the researches and experience of fifteen eminent physicians and clinical observers, among whom may be mentioned Drs. Thomas Hunt Stuckey and Archibald Dixon, of Kentucky; Dr. Charles W. McIntyre, of Pennsylvania; Drs. Heinrich Stern, Geo. D. Barney, Charles M. Hickey, A. D. Williams, and others, of New York; Dr. A. P. Buchman, of Indiana. These articles give much valuable information in regard to this disease, and a very hopeful view as to prognosis when the right treatment is carried out. COUNCIL readers will be favored with a complimentary copy by addressing Mr. Chas. Roome Parmele, 45 John Street, New York, N. Y. Every physician in active practice should read these instructive papers.

Doctor, there are hundreds of intelligent, conscientious, scientific investigators constantly working to improve the means at our command for successfully treating the sick. It should be our pleasure to carefully investigate these advances in pharmacology and chemistry as they are brought to our notice. They are found in the advertising pages of the best medical journals. We present below notes of a few which will be of interest to you. Sit down and write to all those which you wish to investigate. Mention THE COUNCIL always as a matter of courtesy and as a better introduction.

Creophyl.

Doctor, did you ever think it would become possible to incorporate eight minims of beechwood creosote into a soft capsule without destroying the coat? This has now been done by a special process, thus enabling the physician to give the required dose without injury, and thus get its full therapeutic results in pulmonary diseases. These filled capsules have been named *Creophyl* for distinction. Mention COUNCIL and write to Victor V. May & Co., 142 Lasalle St., Chicago, Ill.

"The Making of a Man."

An interesting illustrated book, with the above title, will be sent free this month, if you mention COUNCIL and address Lowell E. Jepson, M.S., Pres, Winkley Art. Limb Co., Minneapolis, Minn.

Systemic Absorption of Phosphorus.

The physician has many cases in which the nourishment and improvement of the patient absolutely depend upon the extent to which phosphorus is absorbed. Often this is very difficult to attain with ordinary methods of medication and feeding. *Darmstadt German Food* is an article which is said to meet this requirement efficiently. If you wish to investigate it and to learn "Conditions of Administration and Taking of Samples for Analysis," mention COUNCIL and address W. S. Froelich Co., Chemists, Germantown, Philadelphia, Pa.

Passiflora

does not depress the heart nor reduce the supply of blood to any organ of the body. It produces healthful nerve rest, and gives fine results in Hysteria, Insomnia and Nervous Prostration. No harmful effects follow the use of *Daniel's Conc. Tinct. Passiflora Incarnata*. Literature and sample supplied, you paying express charges. John B. Daniel, Mfg. Chemist, Atlanta, Ga.

Neo-Ferrum.

The Maltine Co., Seventeenth Street and Eighth Avenue, Brooklyn, N. Y., are introducing a new preparation, consisting of a Malto Peptonate of Iron and Manganese, (Arsenicated) with Maltine, having the convenient name of *Neo-Ferrum*. You should at once become acquainted with it. Write them and mention COUNCIL.

Anasarcin

Doctor, do you want a remedy that will meet the indications in *dropsy* from various organic diseases? If so, send to the *Anasarcin* Chem. Co., Winchester, Tenn., mention COUNCIL, and ask for full literature and sample of their *Anasarcin*.

Gynecine

is a remedy for dysmenorrhea and for reflex pains of pregnancy; a very valuable addition to the medicine case. Full information and enough for 25 days' treatment free if you mention COUNCIL and address the Gynecine Co., 35 Randolph Street, Chicago, Ill.

We noticc a new preparation, *Urisepsin*, containing lithium, formaldehyde, corn silk, and couch grass, employed as a diuretic, uric-acid solvent, and genito-urinary antiseptic in the treatment of cystitis, urethritis, nephritis, prostatitis, and such constitutional disorders as gout, rheumatism, pneumonia, etc. Prepared by the Gardner-Barada Chemical Co., Chicago, Ill., to whom requests should be made for samples and literature.

Ostro

is the name of a new local treatment for uterine and vaginal diseased conditions. It is antiseptic, tonic, and deodorant. Samples special to COUNCIL readers who mention it and address the Advance Chemical Company, Indianapolis, Ind.

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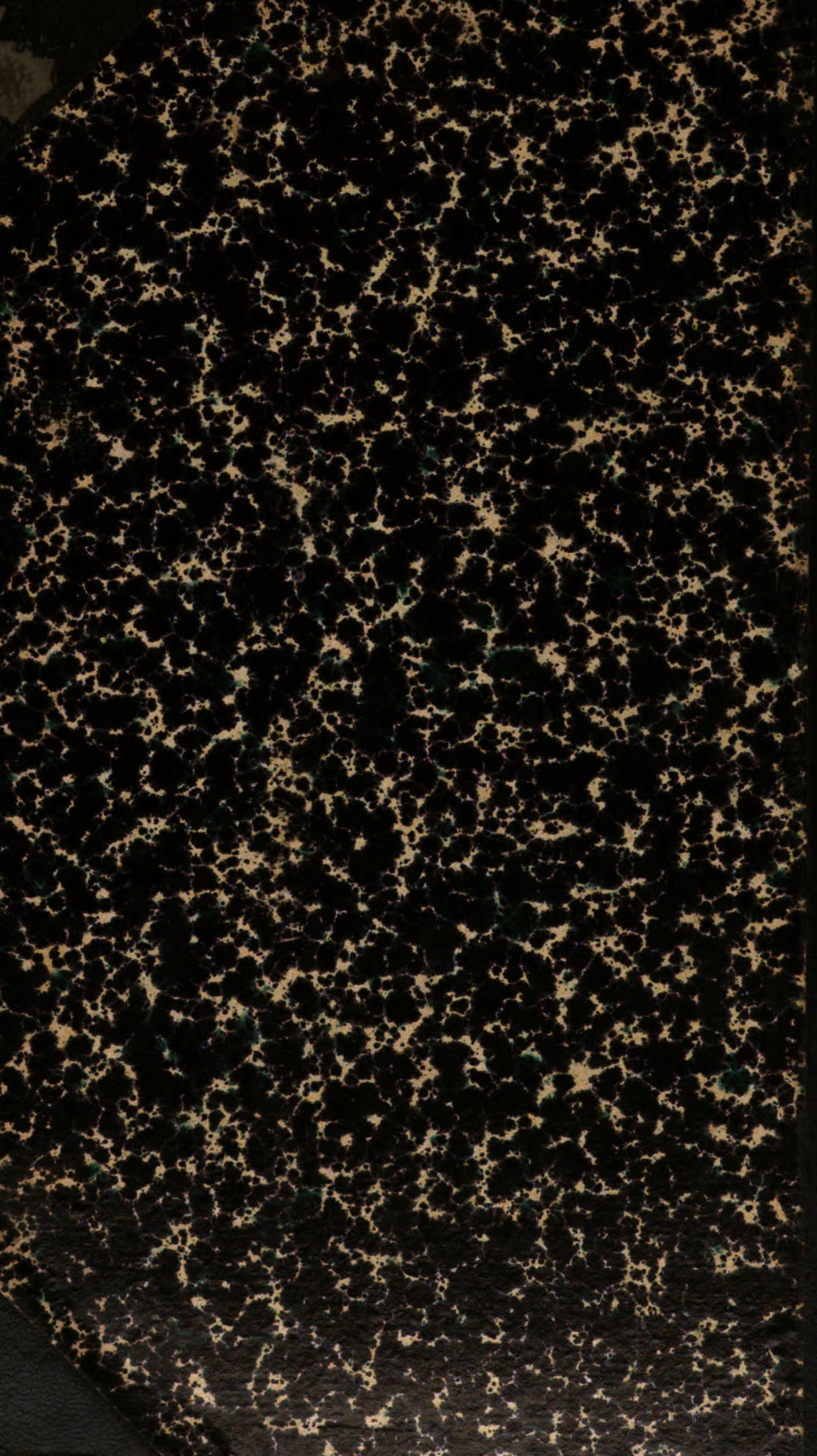
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